



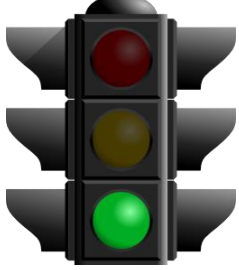
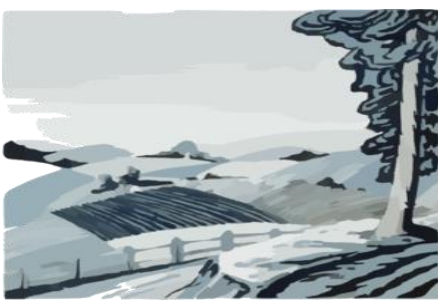
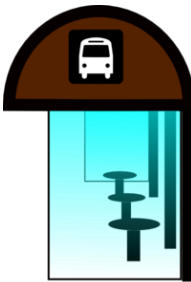

My Route to School



Name: _____

Date: _____





- Do you pass any of these things on your way to school? Tick them...

 <p>flats <input type="checkbox"/></p>	 <p>park <input type="checkbox"/></p>	 <p>traffic lights <input type="checkbox"/></p>
 <p>fields <input type="checkbox"/></p>	 <p>bus shelter <input type="checkbox"/></p>	 <p>shops <input type="checkbox"/></p>

- Draw two more things that you see on your route to school...

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- Can you make a plan of your route to school on the back of this sheet?

I can think about the things that I see on my way to school.				
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