	ਸ਼ੈਂ ਨੇ
	The Colours of My World
مانع مانع مانع مانع مانع مانع مانه عانه کاره کاره کاره کاره کاره کاره کاره کار	
	Name:

Name:			

Date:

Child: What's your favourite colour? Ask your parents to write your favourite colour inside the box. Colour the paint brush and the cloud with your favourite colour.

Parents: Talk to your child and ask for his/her favourite colour. Write your child's favourite colour inside the box.

MY FAVOURITE COLOUR IS



Name: _____

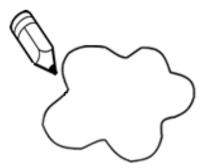
Date: _____

Child: Answer the questions by colouring.

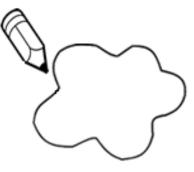
Parents: Talk to your child and ask her/him the colours of the eyes, hair and skin. Tell them to answer by colouring with the correct colour.

Colours of my Body

Colour of my eyes



Colour of my hair





Colour of my skin

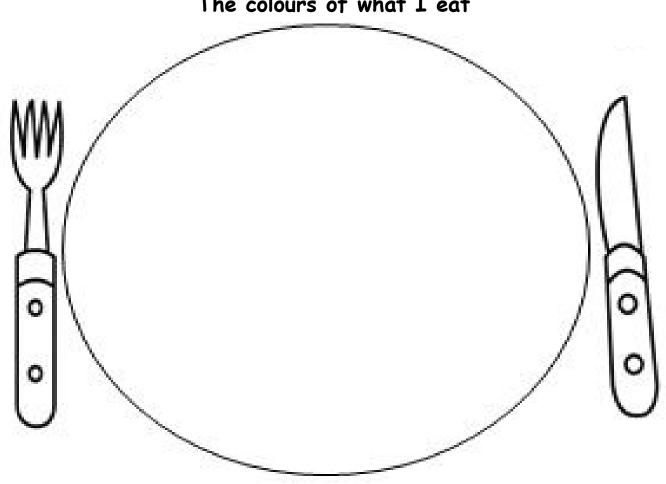
Name	
------	--

Date:

The food we eat also have colours. The more colourful the food is, the healthier it is. When we talk about colourful food, what we mean is fruits and vegetables.

Child: Draw your favourite fruit and vegetable inside the plate. Tell your parents to write down the name of your favourite fruit and vegetable.

Parents: Talk to your child and ask for his/her favourite fruit and vegetable. Write down your child's favourite fruit and vegetable under the plate. Ask your child what colour her/his favourite fruit and vegetable has.



The colours of what I eat

Name: _____

Date:

Child: Choose 5 colours and use them to draw your favourite story inside the book. Colour the 5 crayons below the book with the same colours. One colour each crayon. Ask your parents to write down the name of your favourite story.

Parents: Ask your child what his/ her favourite story is and write it down.

MY FAVOURITE STORY

Ν	a	m	e	•
---	---	---	---	---

Date: _____ To the Family: Write a story about your family and the colours of your world.

(write the story title)

Name:	
-------	--

Date: _

Child: Colour the objects in the row with the same shape and colour as indicated on top of it. E.g. the heart is red, which ones of the following objects have the same shape, the tomato, the balloon, the bell or the leave?

Parents: Help your child identifying the objects with the same shape and colour as indicated

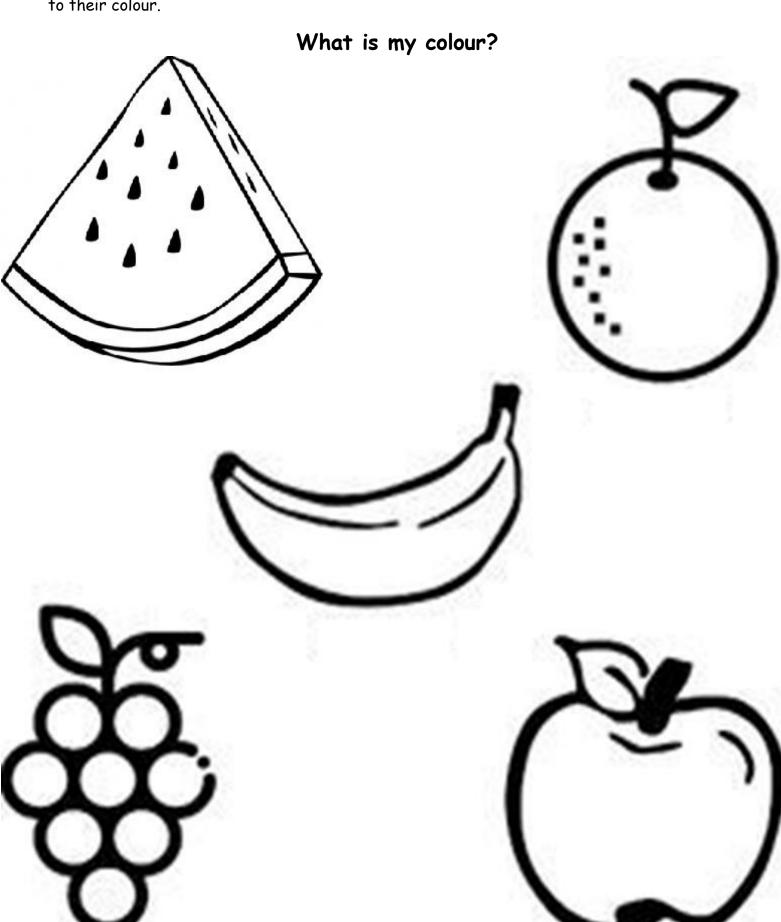


Name:	

Date: _

Child: Colour the fruits with the right colour.

Parents: Ask your child about the fruit's colour and tell her/him to colour the fruits according to their colour.



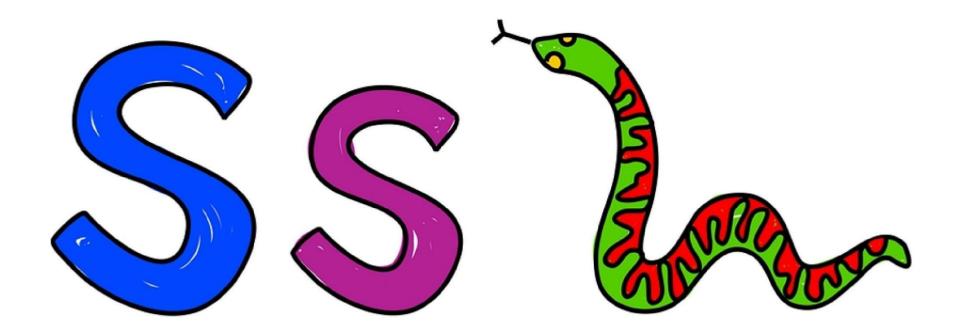
Vi	am	e:	

Date: _____

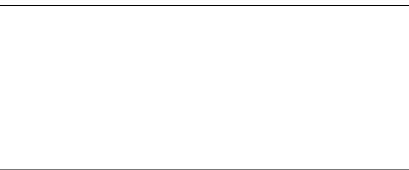
Child: Cut out the words and paste them on the correct box by matching words to words and words to pictures.

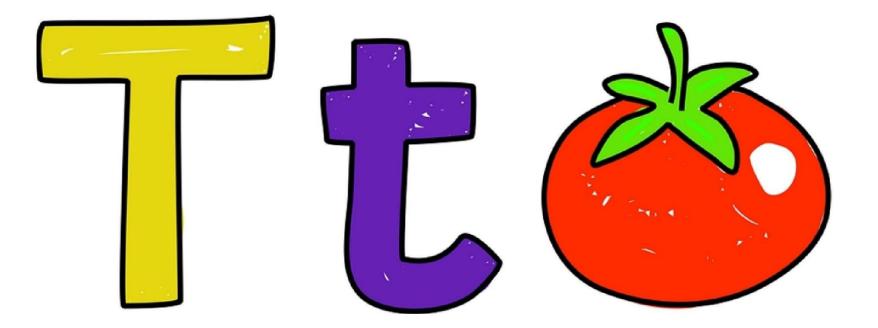
Parents: Imitate the sound of the first letter of each word and ask your child to indicate which word of the alphabet has the same beginning sound. Once your child recognizes the word, ask her to choose a word with the same beginning sound and to imitate/represent that word through body language. All family can play the game, it will be fun. ©

<u>s</u> nake	<u>z</u> ebra	<u>x</u> ylophone	vegetables
yellow	<u>t</u> omato	<u>w</u> atermelon	<u>u</u> mbrella

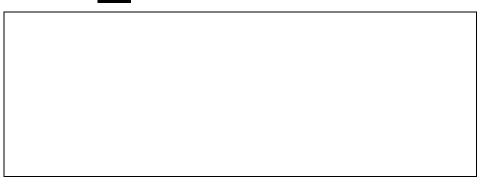


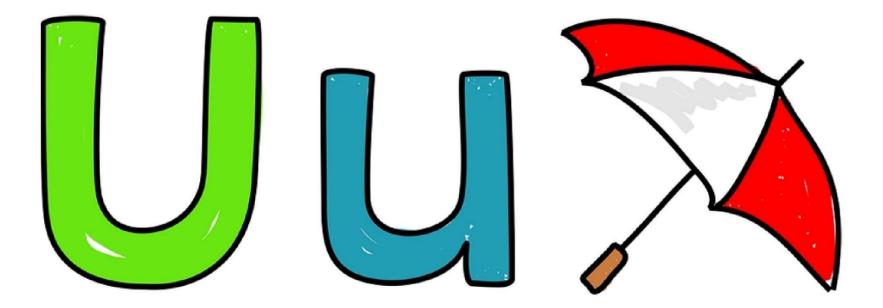
snake



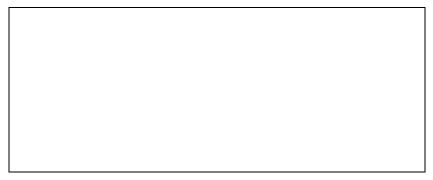


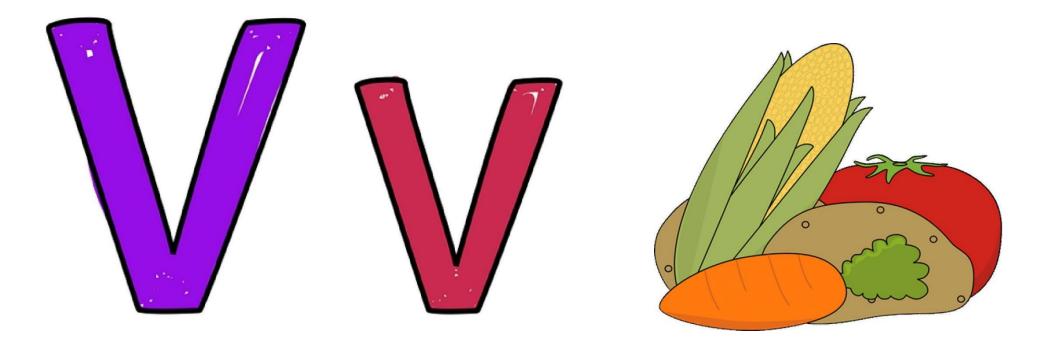
tomato



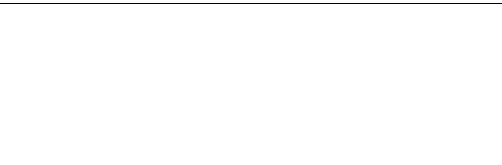


<u>u</u>mbrella



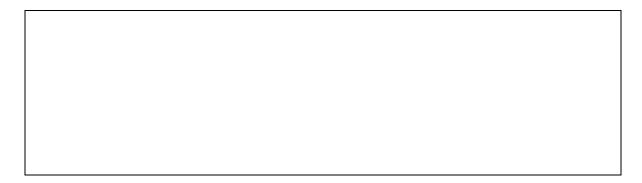


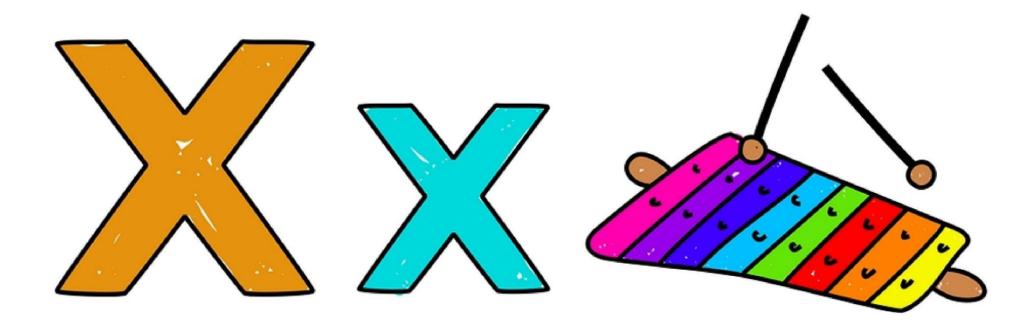
vegetables





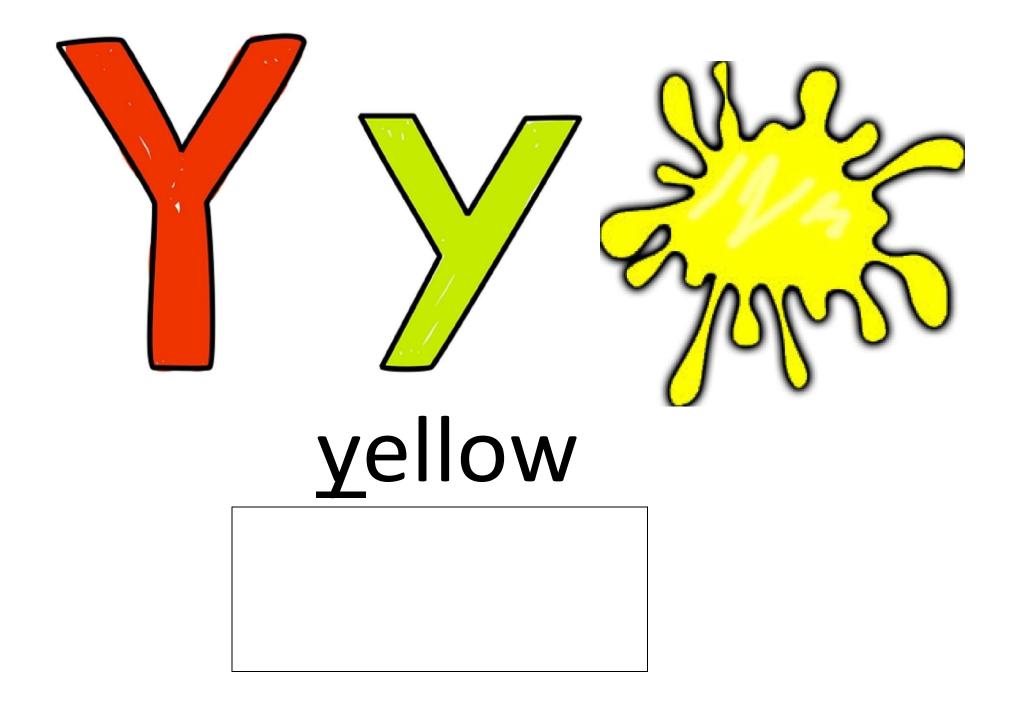
watermelon

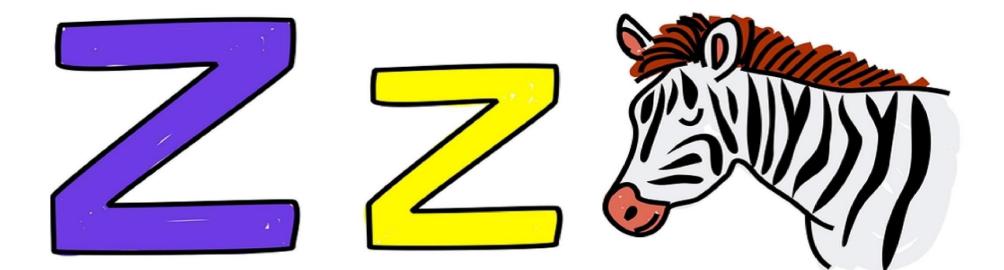




xylophone





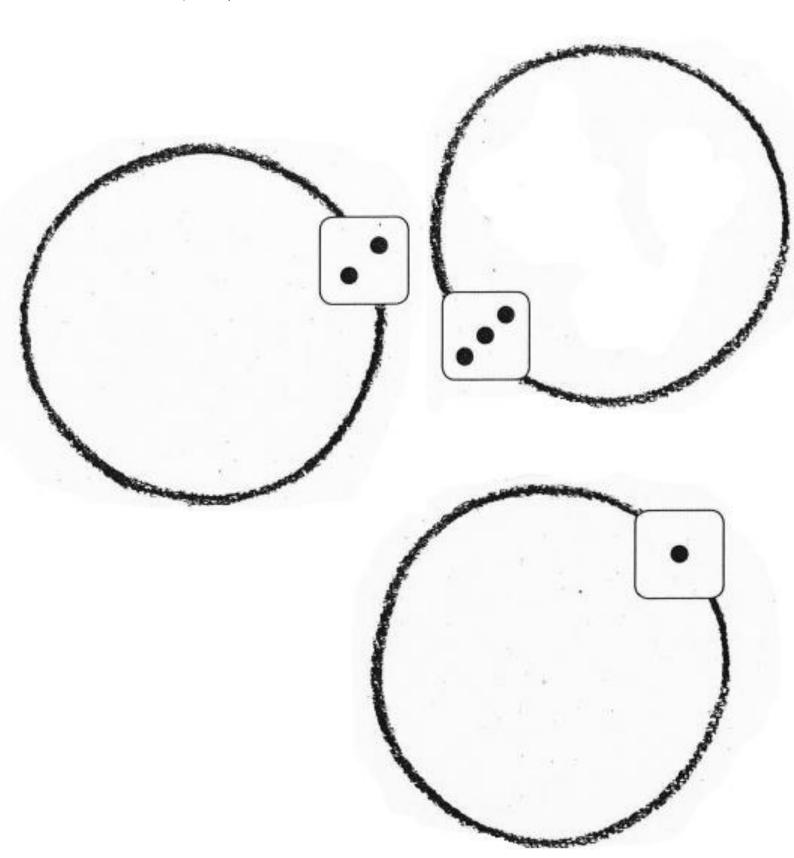


zebra

Name:___

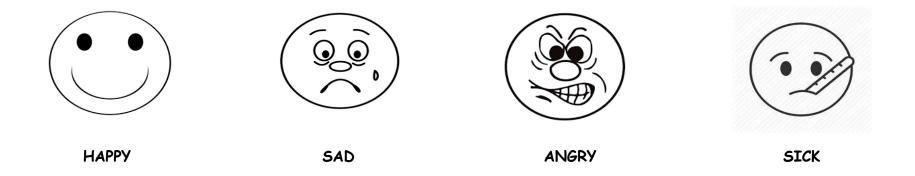
Date: _____

Child: Draw your favourite fruit in the circle according to the number on the dice. **Parents:** Help your child to count the dots on the dice and check if he/she has drawn the correct quantity in the circle.



How do I feel today?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



My Weather Chart

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



SUNNY

CLOUDY

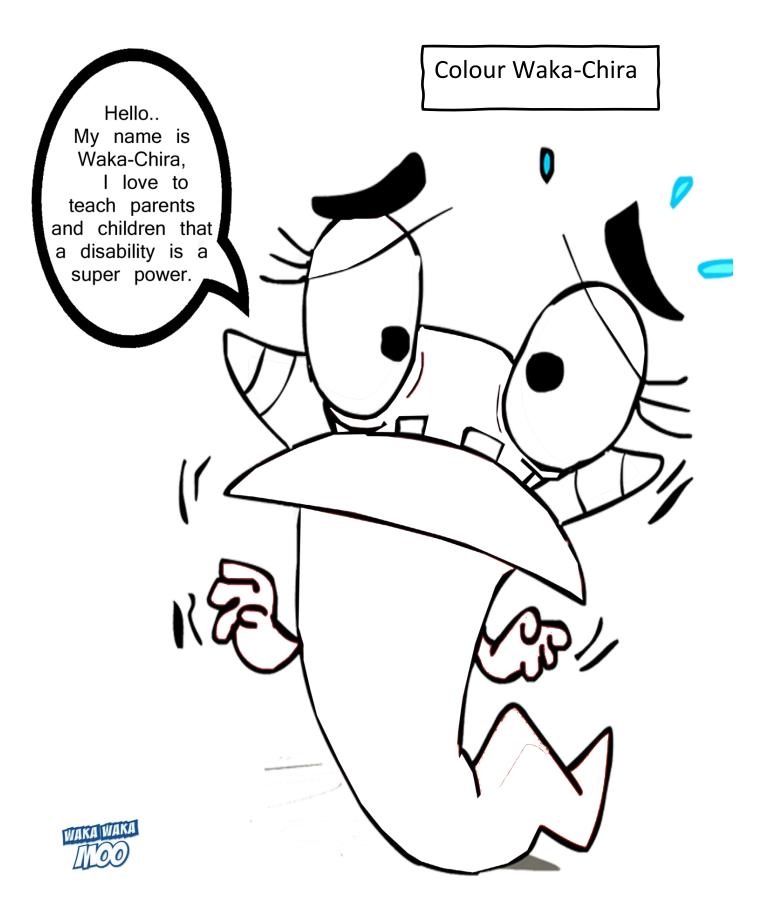
WINDY

RAINY



NAME:_____

DATE:_____



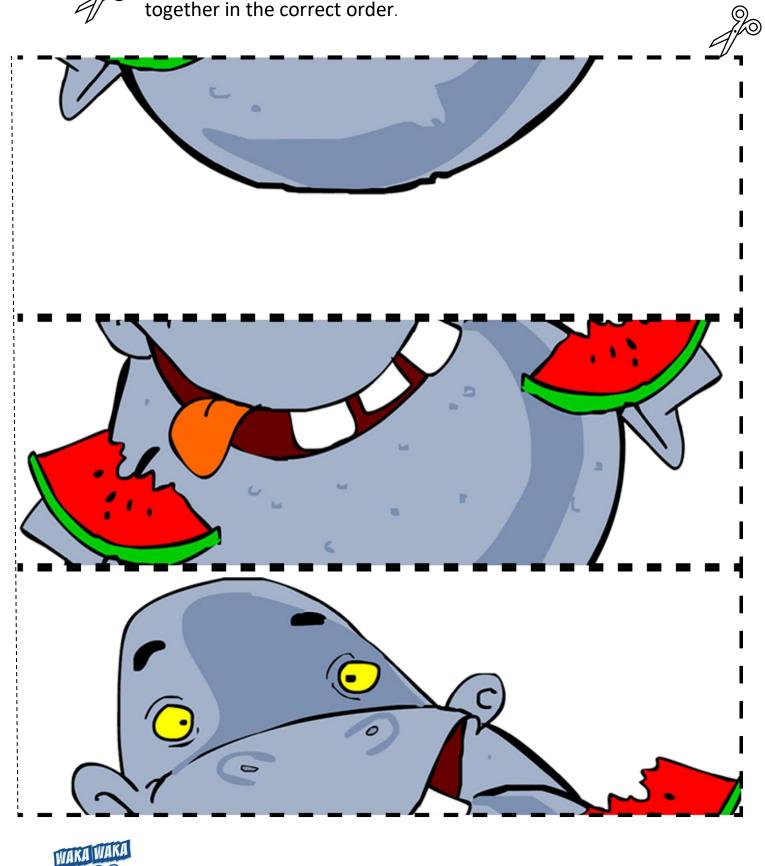


NAME:_____

DATE:_____



Cut out the pieces of the Puzzle and place them back together in the correct order.



Name:
Date:
Activities Report
Did you like the activities? Colour the correct answer.
Yes No
The activity I like the best was:
I learned
Parents: Please support your child by writing the answers. Thank you.

Parents' Appraisal Form Excellent Good Medium Low Bad 1. In general, how do you classify the activities? 2. Creativity of the activities 3. Parents /family engagement 4. Did your child enjoy the activities? Which one she/he enjoyed most? 5. What was your favourite activity? 6. Give us suggestions you would like to see included in the next activities. Date ___/___/___ Thank you very much for your co-operation.