

Name: \_\_\_\_\_



## Basic Level Checklist

Complete the activities. Write your score in the chart. Have your teacher initial your chart when you have finished each unit.

### Unit 1: Personal information

Activities	Date Completed	Score	Teacher's Initials
Personal information (A)			
Personal information (B)			
Countries			
What's your name? (A)			
What's your name? (B)			
Welcome!			
Months of the year			

### Unit 2: At school

Activities	Date Completed	Score	Teacher's Initials
At school (A)			
At school (B)			
Classroom objects			
Where's my pencil? (A)			
Where's my pencil? (B)			
To Rob			
Days of the week			

**Unit 3: Friends and family**

Activities	Date Completed	Score	Teacher's Initials
Family (A)			
Family (B)			
Family members			
Do you have a sister? (A)			
Do you have a sister? (B)			
My Family			
People			

**Unit 4: Health**

Activities	Date Completed	Score	Teacher's Initials
Health			
Parts of the body (A)			
Parts of the body (B)			
My feet hurt			
At the Doctor's Office			
Health problems			

**Unit 5: Around town**

Activities	Date Completed	Score	Teacher's Initials
Around town			
Places around town (A)			
Places around town (B)			
It's on Main Street (A)			
It's on Main Street (B)			
Notice from Central City Hospital			
Transportation			

**Unit 6: Time**

Activities	Date Completed	Score	Teacher's Initials
Time			
Events (A)			
Events (B)			
Is your class at 11:00?			
Henry's Day			
Times of the day			

**Unit 7: Shopping**

Activities	Date Completed	Score	Teacher's Initials
Shopping			
Clothing (A)			
Clothing (B)			
How much are the shoes?			
Summer Sale			
Colors			

**Unit 8: Work**

Activities	Date Completed	Score	Teacher's Initials
Work (A)			
Work (B)			
Job duties			
Does he sell clothes? (A)			
Does he sell clothes? (B)			
Employee of the Year			
Jobs			

**Unit 9: Daily living**

Activities	Date Completed	Score	Teacher's Initials
Daily living (A)			
Daily living (B)			
Outside chores (A)			
Outside chores (B)			
What are they doing?			
Dear Dave			
Rooms of a house			

**Unit 10: Leisure**

Activities	Date Completed	Score	Teacher's Initials
Leisure			
Around the house (A)			
Around the house (B)			
I like to watch TV (A)			
I like to watch TV (B)			
An E-mail from Abena			
Leisure activities			