



# VOCABULARY CHECKLIST

## People



Understands  
Says

- Mummy
- Daddy
- Family member:
- Family member:
- Pets name:
- Baby

## Body Parts



Understands  
Says

- Eyes
- Feet
- Toes
- Nose
- Tummy
- Mouth
- Ears
- Arms
- Legs

Ball

Bike

Favourite Toy:

Favourite Toy:

Favourite Toy:

Car

Book

Duck

Brick/Block

Cup

Spoon

Teddy

## Food and Drink



Understands  
Says

- Favourite Snack:
- Drink
- Milk/Water/Juice
- Biscuit
- Apple
- Food





# VOCABULARY CHECKLIST

Understands  
Says

## Verbs

- |                          |                          |       |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Eat   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cook  |
| <input type="checkbox"/> | <input type="checkbox"/> | Brush |
| <input type="checkbox"/> | <input type="checkbox"/> | Clap  |
| <input type="checkbox"/> | <input type="checkbox"/> | Look  |
| <input type="checkbox"/> | <input type="checkbox"/> | Cut   |
| <input type="checkbox"/> | <input type="checkbox"/> | Drink |
| <input type="checkbox"/> | <input type="checkbox"/> | Hit   |
| <input type="checkbox"/> | <input type="checkbox"/> | Jump  |
| <input type="checkbox"/> | <input type="checkbox"/> | Kick  |
| <input type="checkbox"/> | <input type="checkbox"/> | Push  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleep |
| <input type="checkbox"/> | <input type="checkbox"/> | Run   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sit   |
| <input type="checkbox"/> | <input type="checkbox"/> | Stand |
| <input type="checkbox"/> | <input type="checkbox"/> | Throw |
| <input type="checkbox"/> | <input type="checkbox"/> | Walk  |
| <input type="checkbox"/> | <input type="checkbox"/> | Wash  |
| <input type="checkbox"/> | <input type="checkbox"/> | Dance |

Understands  
Says

## Concepts

- |                          |                          |          |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Gone     |
| <input type="checkbox"/> | <input type="checkbox"/> | More     |
| <input type="checkbox"/> | <input type="checkbox"/> | In       |
| <input type="checkbox"/> | <input type="checkbox"/> | On       |
| <input type="checkbox"/> | <input type="checkbox"/> | Under    |
| <input type="checkbox"/> | <input type="checkbox"/> | Up       |
| <input type="checkbox"/> | <input type="checkbox"/> | Down     |
| <input type="checkbox"/> | <input type="checkbox"/> | Big      |
| <input type="checkbox"/> | <input type="checkbox"/> | Little   |
| <input type="checkbox"/> | <input type="checkbox"/> | Wet      |
| <input type="checkbox"/> | <input type="checkbox"/> | Dry      |
| <input type="checkbox"/> | <input type="checkbox"/> | Hot      |
| <input type="checkbox"/> | <input type="checkbox"/> | Cold     |
| <input type="checkbox"/> | <input type="checkbox"/> | Clean    |
| <input type="checkbox"/> | <input type="checkbox"/> | Dirty    |
| <input type="checkbox"/> | <input type="checkbox"/> | Blue     |
| <input type="checkbox"/> | <input type="checkbox"/> | Green    |
| <input type="checkbox"/> | <input type="checkbox"/> | Red      |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes / No |