

Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Circle the correct option.

1. Bob often sleeps in the afternoon.

AM / PM

2. Tom went for a walk at the beach in the evening.

AM / PM

3. When can we see the moon in the sky?

AM / PM

4. My mom goes to church every morning.

AM / PM

5. Sam goes to school every morning.

AM / PM

6. My family always eats dinner together.

AM / PM