

Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Circle the correct option.

1. When do you have dinner?

AM / **PM**

2. Tom eats breakfast in the morning.

AM / PM

3. When do we go to sleep?

AM / **PM**

4. When do we wake up?

AM / PM

5. Susan comes from school in the afternoon.

AM / **PM**

6. We see the sun rise in the morning.

AM / PM