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