

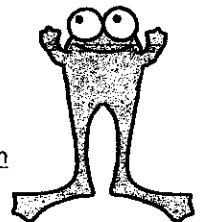
## Signing Time Series 1 Sign List Check off the signs you know!

<p><u>The Great Outdoors</u> Vol. 8</p>	<input type="checkbox"/> Backyard <input type="checkbox"/> Explore <input type="checkbox"/> Tent <input type="checkbox"/> Trail <input type="checkbox"/> Bridge <input type="checkbox"/> Stream <input type="checkbox"/> Forest	<input type="checkbox"/> Mountain <input type="checkbox"/> Porcupine <input type="checkbox"/> Raccoon <input type="checkbox"/> Deer <input type="checkbox"/> Bear <input type="checkbox"/> Owl <input type="checkbox"/> Skunk	<input type="checkbox"/> Beaver <input type="checkbox"/> Wolf <input type="checkbox"/> Eagle <input type="checkbox"/> Fox <input type="checkbox"/> Bug <input type="checkbox"/> Ant <input type="checkbox"/> Fly	<input type="checkbox"/> Spider <input type="checkbox"/> Bee <input type="checkbox"/> Worm <input type="checkbox"/> Mosquito <input type="checkbox"/> Caterpillar <input type="checkbox"/> Butterfly
<p><u>The Zoo Train</u> Vol. 9</p>	<input type="checkbox"/> Rhinoceros <input type="checkbox"/> Bat <input type="checkbox"/> Seal <input type="checkbox"/> Panda <input type="checkbox"/> Hippopotamus <input type="checkbox"/> Zebra	<input type="checkbox"/> Tiger <input type="checkbox"/> Lion <input type="checkbox"/> Shark <input type="checkbox"/> Dolphin <input type="checkbox"/> Whale <input type="checkbox"/> Octopus	<input type="checkbox"/> Crab <input type="checkbox"/> Lobster <input type="checkbox"/> Starfish <input type="checkbox"/> Shrimp <input type="checkbox"/> Monkey <input type="checkbox"/> Kangaroo	<input type="checkbox"/> Camel <input type="checkbox"/> Gorilla <input type="checkbox"/> Crocodile <input type="checkbox"/> Elephant <input type="checkbox"/> Penguin <input type="checkbox"/> Giraffe
<p><u>My Day</u> Vol. 10</p>	<input type="checkbox"/> Awake <input type="checkbox"/> Good Morning <input type="checkbox"/> Brush hair <input type="checkbox"/> Comb hair <input type="checkbox"/> Brush teeth <input type="checkbox"/> Floss teeth <input type="checkbox"/> Clothes <input type="checkbox"/> Get Dressed	<input type="checkbox"/> Shirt <input type="checkbox"/> Shorts <input type="checkbox"/> Pants <input type="checkbox"/> Sweater <input type="checkbox"/> Dress <input type="checkbox"/> Skirt <input type="checkbox"/> Choose <input type="checkbox"/> Pretend	<input type="checkbox"/> Imagination <input type="checkbox"/> Game <input type="checkbox"/> Blocks <input type="checkbox"/> Build <input type="checkbox"/> Puzzle <input type="checkbox"/> Fun <input type="checkbox"/> Clean up	<input type="checkbox"/> Pajamas <input type="checkbox"/> Bed <input type="checkbox"/> Pillow <input type="checkbox"/> Blanket <input type="checkbox"/> Light <input type="checkbox"/> Good Night <input type="checkbox"/> Dream
<p><u>My Neighborhood</u> Vol. 11</p>	<input type="checkbox"/> Playground <input type="checkbox"/> Roller-skate <input type="checkbox"/> Picnic <input type="checkbox"/> Kite <input type="checkbox"/> Swing <input type="checkbox"/> Slide <input type="checkbox"/> Climb	<input type="checkbox"/> Sand <input type="checkbox"/> Helicopter <input type="checkbox"/> Bus <input type="checkbox"/> Boat <input type="checkbox"/> Motorcycle <input type="checkbox"/> Slow <input type="checkbox"/> Fast	<input type="checkbox"/> Store <input type="checkbox"/> Buy <input type="checkbox"/> Stamp <input type="checkbox"/> Mail <input type="checkbox"/> Library <input type="checkbox"/> Story <input type="checkbox"/> Office	<input type="checkbox"/> Work <input type="checkbox"/> Restaurant <input type="checkbox"/> Firefighter <input type="checkbox"/> Police Office <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse
<p><u>Time to Eat</u> Vol. 12</p>	<input type="checkbox"/> Grow <input type="checkbox"/> Garden <input type="checkbox"/> Everyday <input type="checkbox"/> Cook <input type="checkbox"/> Kitchen <input type="checkbox"/> Make <input type="checkbox"/> Fork	<input type="checkbox"/> Plate <input type="checkbox"/> Napkin <input type="checkbox"/> Knife <input type="checkbox"/> Spoon <input type="checkbox"/> Cup <input type="checkbox"/> Bowl <input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Dessert <input type="checkbox"/> May I be excused? <input type="checkbox"/> Egg <input type="checkbox"/> Sandwich	<input type="checkbox"/> Soup <input type="checkbox"/> Popcorn <input type="checkbox"/> Peas <input type="checkbox"/> Tomato <input type="checkbox"/> Salad <input type="checkbox"/> Spaghetti <input type="checkbox"/> Pizza
<p><u>Welcome to School</u> Vol. 13</p>	<input type="checkbox"/> Pencil <input type="checkbox"/> Table <input type="checkbox"/> Chair <input type="checkbox"/> Backpack <input type="checkbox"/> School <input type="checkbox"/> Crayons <input type="checkbox"/> Scissors <input type="checkbox"/> Paper	<input type="checkbox"/> Glue <input type="checkbox"/> Pen <input type="checkbox"/> Line Up <input type="checkbox"/> Pay attention <input type="checkbox"/> Learn <input type="checkbox"/> Remember <input type="checkbox"/> Smart <input type="checkbox"/> Principal	<input type="checkbox"/> Teacher <input type="checkbox"/> Class <input type="checkbox"/> Name <input type="checkbox"/> Student <input type="checkbox"/> Word <input type="checkbox"/> Write <input type="checkbox"/> Numbers	<input type="checkbox"/> Count <input type="checkbox"/> Draw <input type="checkbox"/> Paint <input type="checkbox"/> Read <input type="checkbox"/> Quiet <input type="checkbox"/> Rest <input type="checkbox"/> Music



## Signing Time Series 1 Sign List Check off the signs you know.

<p><u>My First Signs</u> Vol. 1</p>	<input type="checkbox"/> Eat/Food <input type="checkbox"/> Milk <input type="checkbox"/> Water <input type="checkbox"/> Ball <input type="checkbox"/> More	<input type="checkbox"/> Bird <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Fish <input type="checkbox"/> Car	<input type="checkbox"/> Airplane <input type="checkbox"/> Want <input type="checkbox"/> Shoes <input type="checkbox"/> Flower	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Baby <input type="checkbox"/> Sleep
<p><u>Playtime Signs</u> Vol. 2</p>	<input type="checkbox"/> Friend <input type="checkbox"/> Play <input type="checkbox"/> Train <input type="checkbox"/> Doll <input type="checkbox"/> Bike <input type="checkbox"/> Bear <input type="checkbox"/> Please <input type="checkbox"/> Share	<input type="checkbox"/> Your turn <input type="checkbox"/> My turn <input type="checkbox"/> Book <input type="checkbox"/> Read <input type="checkbox"/> Socks <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drink	<input type="checkbox"/> Thirsty <input type="checkbox"/> Dirty <input type="checkbox"/> Clean <input type="checkbox"/> Potty <input type="checkbox"/> Bath <input type="checkbox"/> Hurt <input type="checkbox"/> Sorry	<input type="checkbox"/> Stop <input type="checkbox"/> Go <input type="checkbox"/> Wait <input type="checkbox"/> Wash hands <input type="checkbox"/> Thank you <input type="checkbox"/> Grandma <input type="checkbox"/> Grandpa
<p><u>Everyday Signs</u> Vol. 3</p>	<input type="checkbox"/> Hungry <input type="checkbox"/> Apple <input type="checkbox"/> Cookie <input type="checkbox"/> Cereal <input type="checkbox"/> Banana <input type="checkbox"/> Bread <input type="checkbox"/> Cheese <input type="checkbox"/> Crackers	<input type="checkbox"/> Ice Cream <input type="checkbox"/> Candy <input type="checkbox"/> Help <input type="checkbox"/> Full <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Wet	<input type="checkbox"/> Dry <input type="checkbox"/> Like <input type="checkbox"/> Don't Like <input type="checkbox"/> Day <input type="checkbox"/> Sun <input type="checkbox"/> Night <input type="checkbox"/> Moon	<input type="checkbox"/> Stars <input type="checkbox"/> Happy <input type="checkbox"/> Laugh <input type="checkbox"/> Sad <input type="checkbox"/> Cry <input type="checkbox"/> Boy <input type="checkbox"/> Girl
<p><u>Family, Feelings, &amp; Fun</u> Vol. 4</p>	<input type="checkbox"/> House <input type="checkbox"/> Home <input type="checkbox"/> Family <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Uncle	<input type="checkbox"/> Aunt <input type="checkbox"/> Cousins <input type="checkbox"/> Tree <input type="checkbox"/> Wind <input type="checkbox"/> Leaf <input type="checkbox"/> Grass <input type="checkbox"/> Cloud <input type="checkbox"/> Rain	<input type="checkbox"/> Snow <input type="checkbox"/> Coat <input type="checkbox"/> Boots <input type="checkbox"/> Gloves <input type="checkbox"/> Hat <input type="checkbox"/> Feelings <input type="checkbox"/> Grumpy	<input type="checkbox"/> Surprised <input type="checkbox"/> Silly <input type="checkbox"/> Scared <input type="checkbox"/> Excited <input type="checkbox"/> Sick <input type="checkbox"/> Love <input type="checkbox"/> I Love You
<p><u>ABC Signs</u> Vol. 5</p>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G	<input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N	<input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T	<input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z
<p><u>My Favorite Things</u> Vol. 6</p>	<input type="checkbox"/> Colors <input type="checkbox"/> Rainbow <input type="checkbox"/> Red <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Blue	<input type="checkbox"/> Purple <input type="checkbox"/> Vegetable <input type="checkbox"/> Fruit <input type="checkbox"/> Carrot <input type="checkbox"/> Corn <input type="checkbox"/> Beans <input type="checkbox"/> Potato	<input type="checkbox"/> Lettuce <input type="checkbox"/> Grapes <input type="checkbox"/> Peach <input type="checkbox"/> Pear <input type="checkbox"/> Strawberry <input type="checkbox"/> Watermelon <input type="checkbox"/> Dance	<input type="checkbox"/> Walk <input type="checkbox"/> Sit <input type="checkbox"/> Swim <input type="checkbox"/> Sing <input type="checkbox"/> Run <input type="checkbox"/> Swing <input type="checkbox"/> Jump
<p><u>Leah's Farm</u> Vol. 7</p>	<input type="checkbox"/> Farm <input type="checkbox"/> Chicken <input type="checkbox"/> Horse <input type="checkbox"/> Goat <input type="checkbox"/> Mouse <input type="checkbox"/> Rooster	<input type="checkbox"/> Sheep <input type="checkbox"/> Cow <input type="checkbox"/> Donkey <input type="checkbox"/> Pig <input type="checkbox"/> Turkey <input type="checkbox"/> Pet	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input type="checkbox"/> Squirrel <input type="checkbox"/> Duck	<input type="checkbox"/> Rabbit <input type="checkbox"/> Snail <input type="checkbox"/> Frog <input type="checkbox"/> Snake <input type="checkbox"/> Lizard <input type="checkbox"/> Turtle



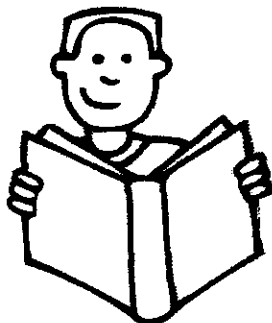
Unit 1: AT SCHOOL



quiet

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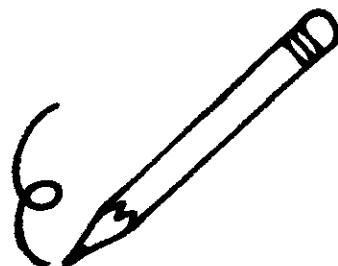
Unit 1: AT SCHOOL



read

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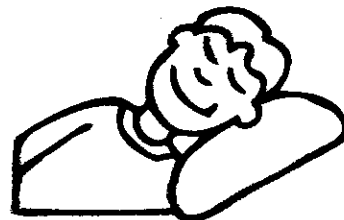
Unit 1: AT SCHOOL



write

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Unit 1: AT SCHOOL



rest

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**Unit 1: AT SCHOOL | Flash Cards**



**write**

Pretend you are writing on your hand.



**read**

One hand is like the page of a book. Brush two fingers downward a few times as if your fingers were reading the page.



**quiet**

Cross your hands and bring them downward and apart to "shhh" all the noise.



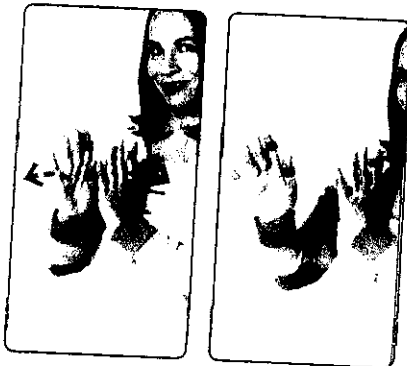
**rest**

Cross your arms on your chest.



**school**

With one hand facing downward and the other facing upward, clap your hands twice, like a teacher getting the student's attention.



**line up**

Your fingers represent people standing in line. Separate your hands to show that it is a long line.



**pay attention**

Move your hands twice in the direction you want others to focus their attention.



**learn**

One hand is flat with the palm facing upward like the page of a book. With your other hand, pretend to take information off the page and bring it up toward your forehead, like you are putting it in your brain.



**remember**

Bring one thumb from your forehead down to touch your other thumb, like you are remembering what is in your brain.



**principal**

Make the letter P for principal. Circle it, then set it down on your other hand.



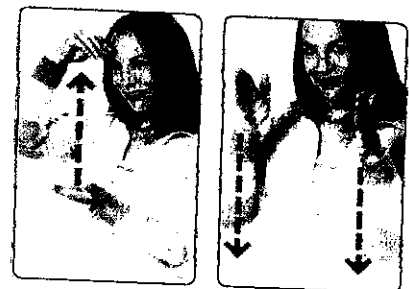
**teacher**

Sign TEACH by closing your fingers to your thumbs and moving them forward twice. Then open your hands and bring them downward to show that a teacher is a *person* who teaches.



**class**

Make C's for class. Start with them next to each other with your palms forward. Now bring them around in a circle until they meet with palms facing you.



**student**

Sign LEARN by pretending to pick up something off of the palm of your other hand, and touching it to your forehead. Then open your hands and bring them downward to show that a student is a *person* who learns.

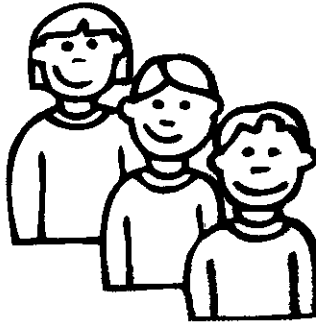
Unit 1: AT SCHOOL



pay attention

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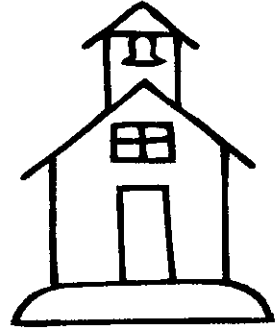
Unit 1: AT SCHOOL



line up

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Unit 1: AT SCHOOL



school

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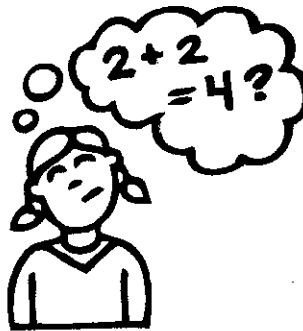
Unit 1: AT SCHOOL



principal

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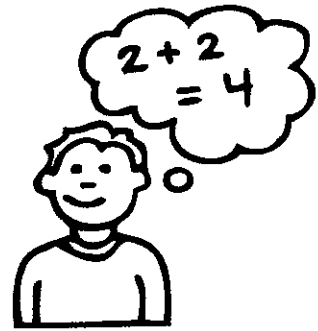
Unit 1: AT SCHOOL



remember

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Unit 1: AT SCHOOL



learn

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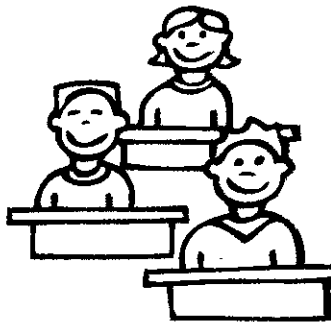
Unit 1: AT SCHOOL



student

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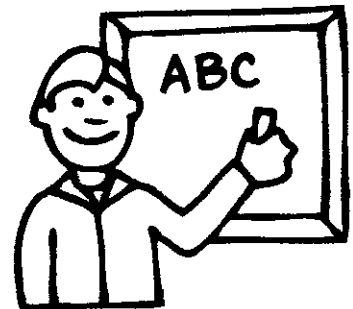
Unit 1: AT SCHOOL



class

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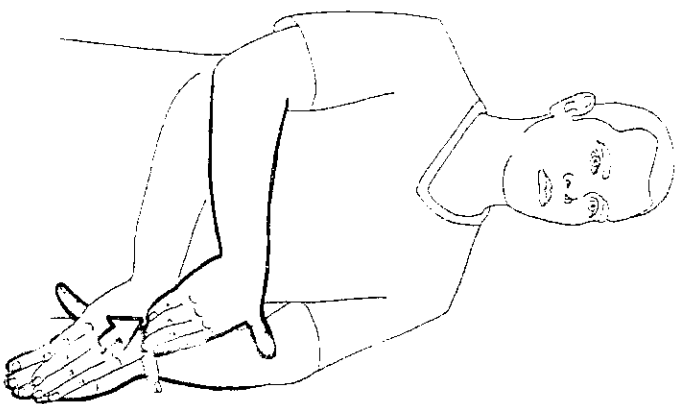
Unit 1: AT SCHOOL



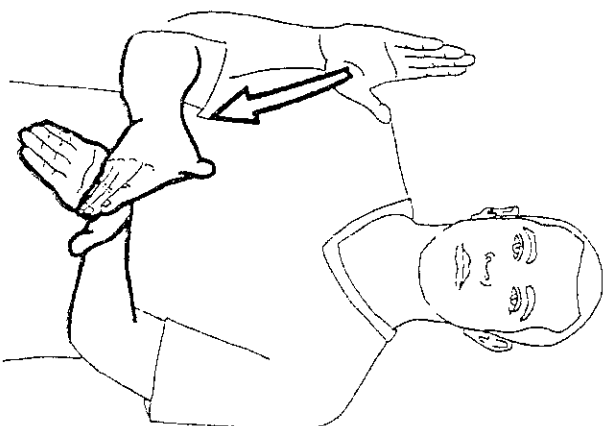
teacher

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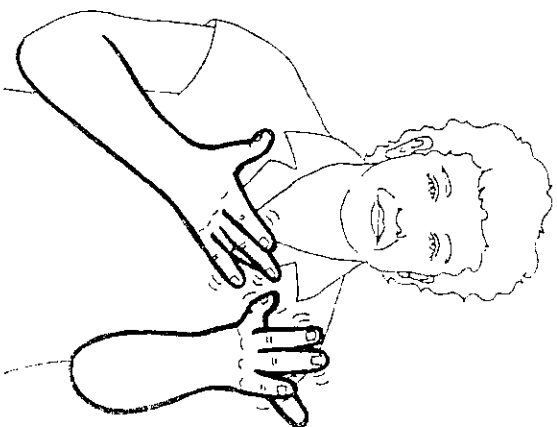
slow  
slowly



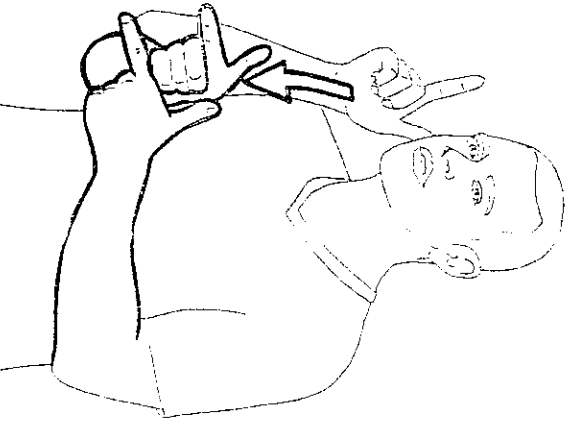
stop  
cease



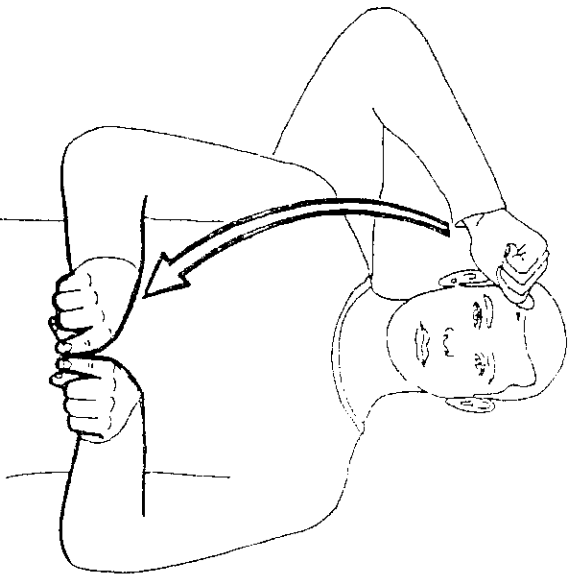
wait



sister

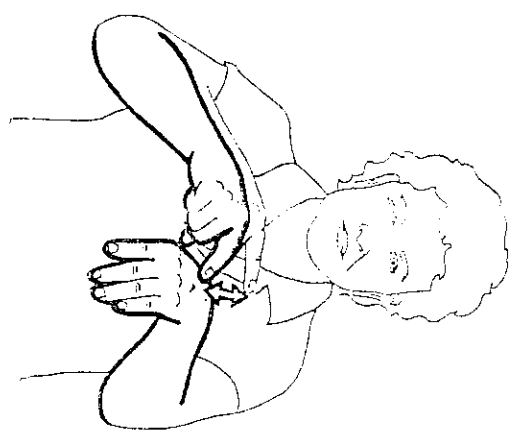


brother

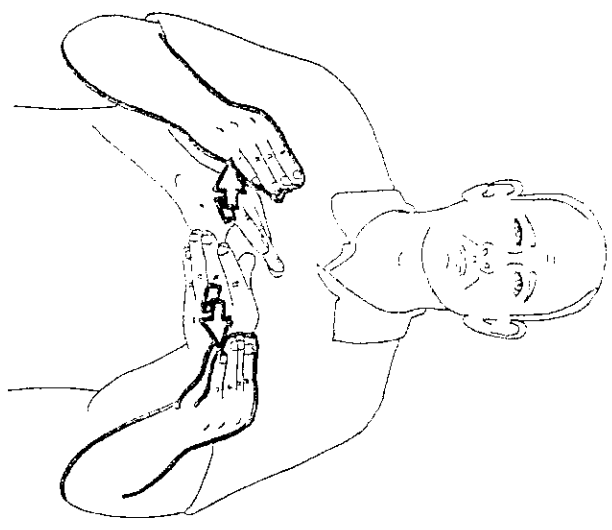




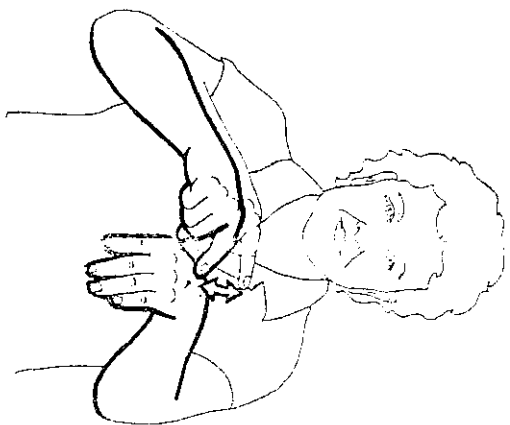
time



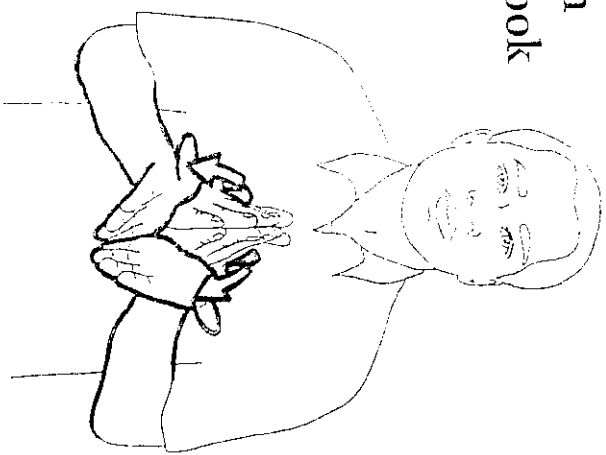
story



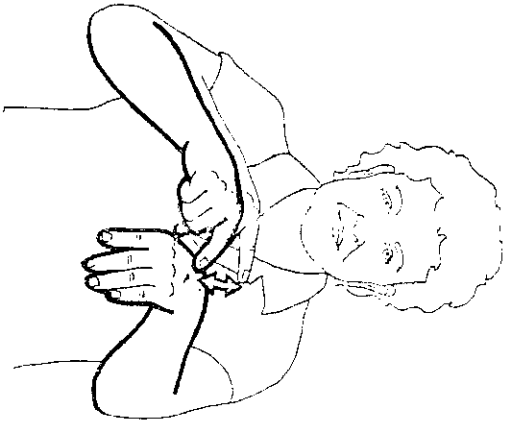
time



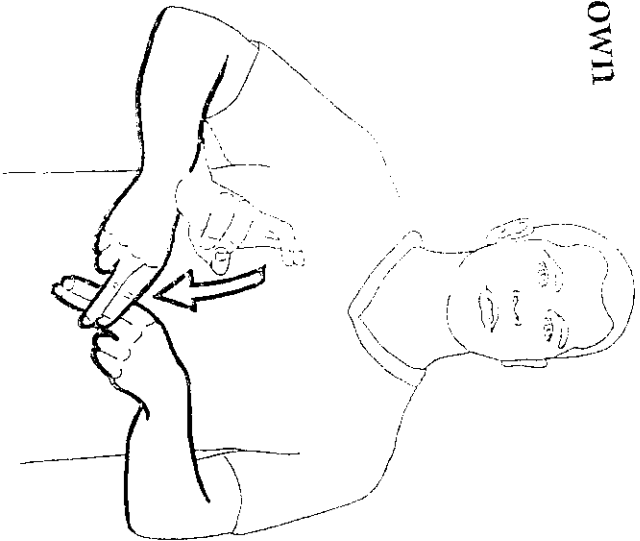
book  
album  
textbook



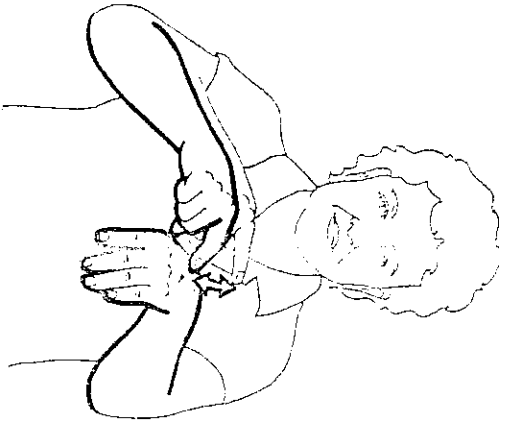
time



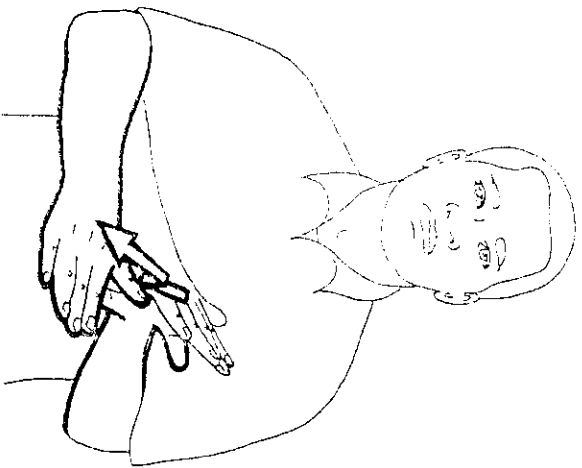
sit  
sit down



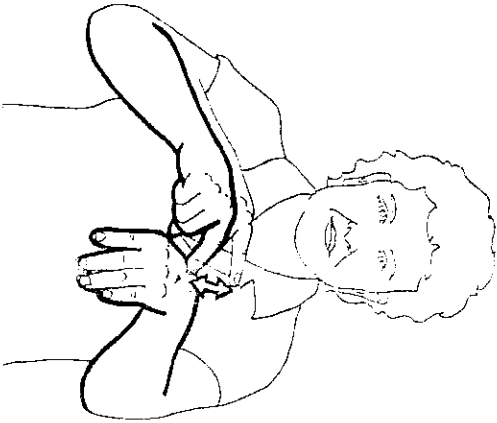
time



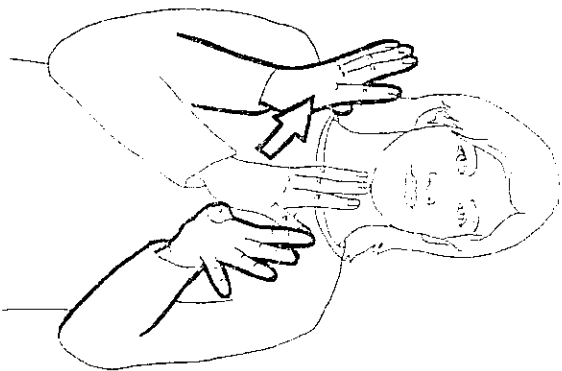
clean-up



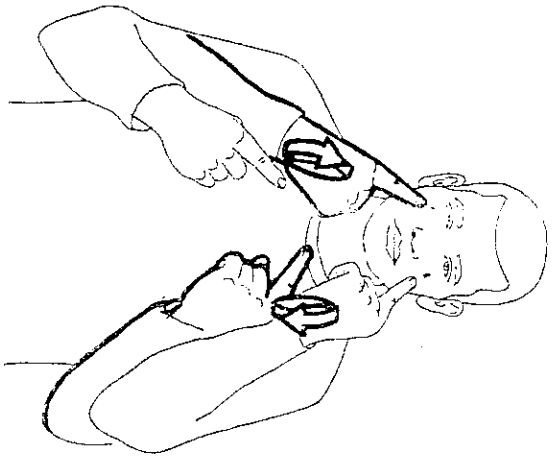
time



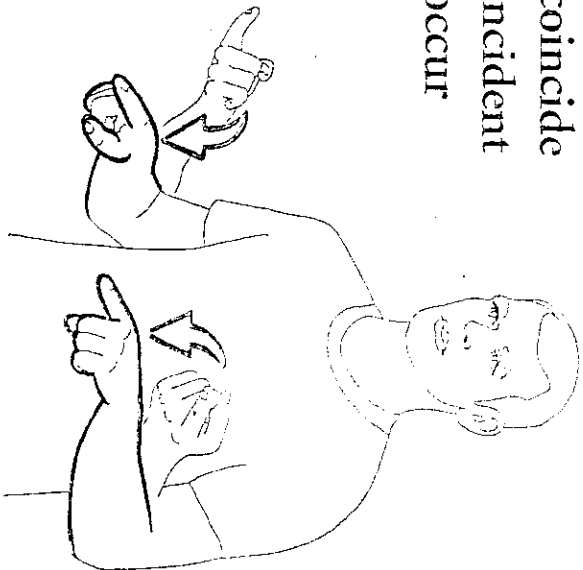
line up



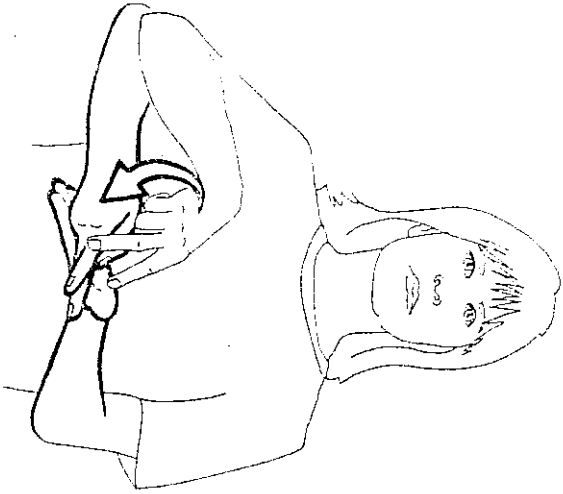
CRY



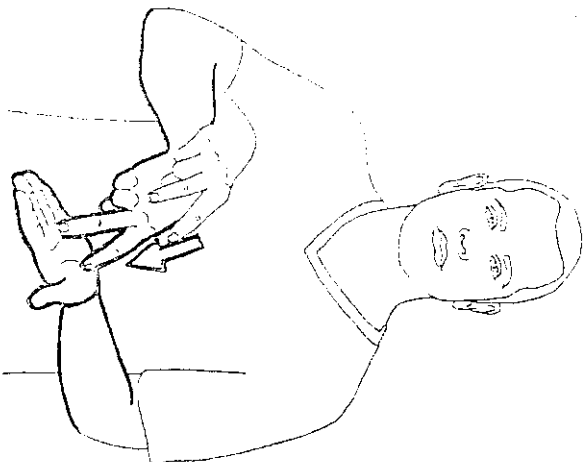
happen  
circumstance  
coincide  
incident  
occur



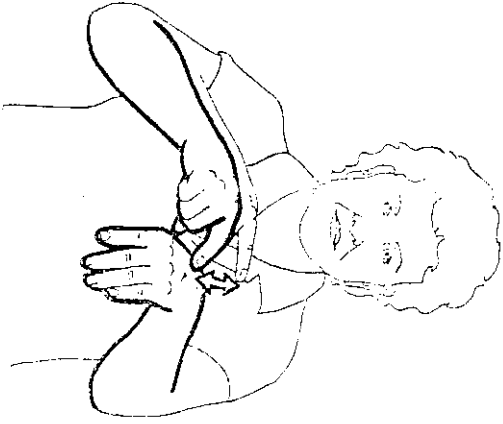
fall (verb)



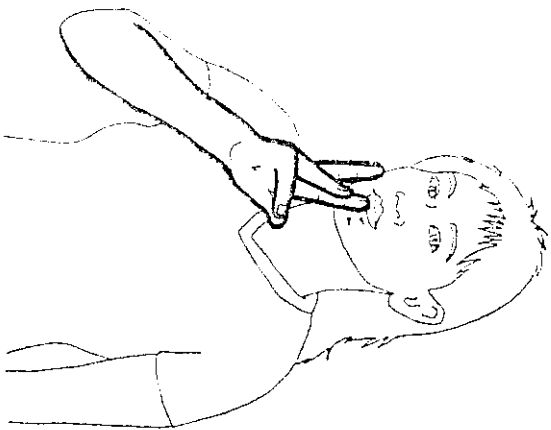
stand up



time



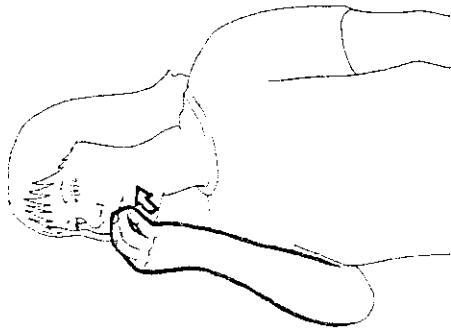
water



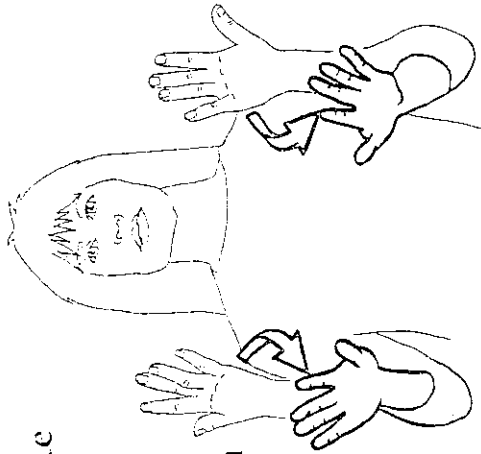




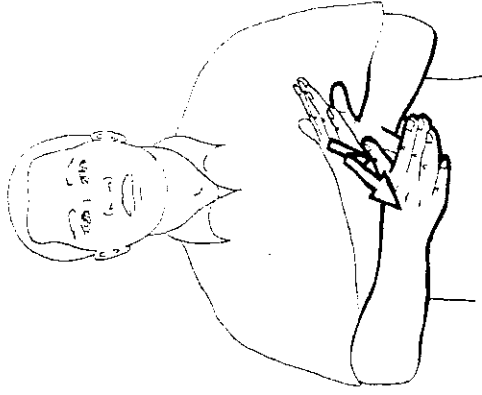
eat  
dine



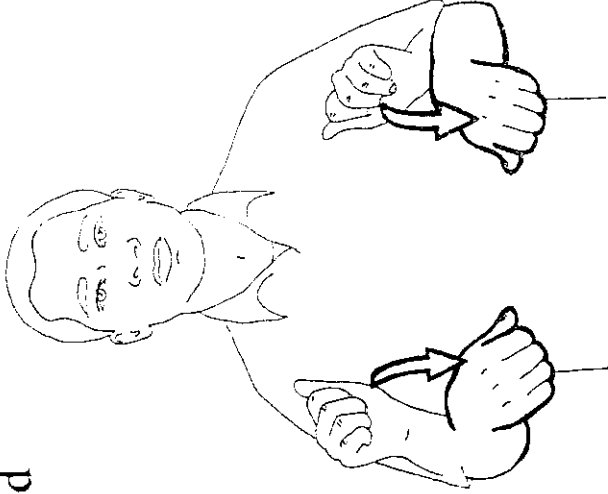
finish  
already  
complete  
did  
done  
over  
through



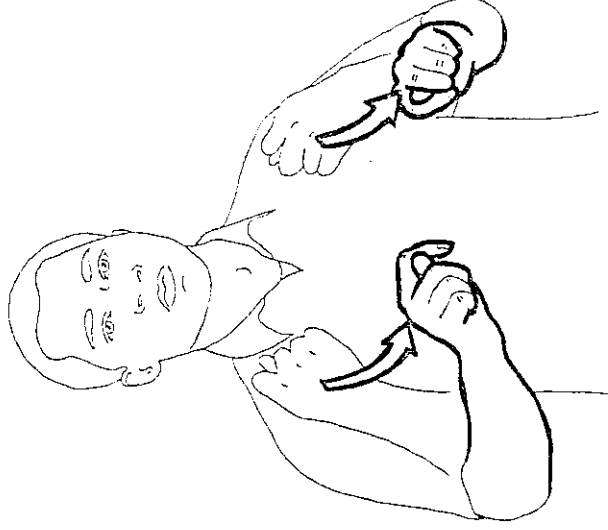
clean-up



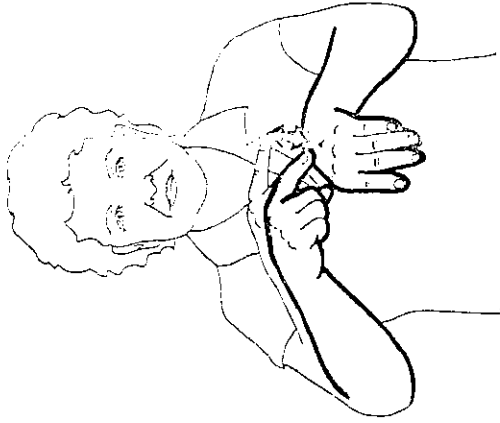
can  
could



try  
make an effort



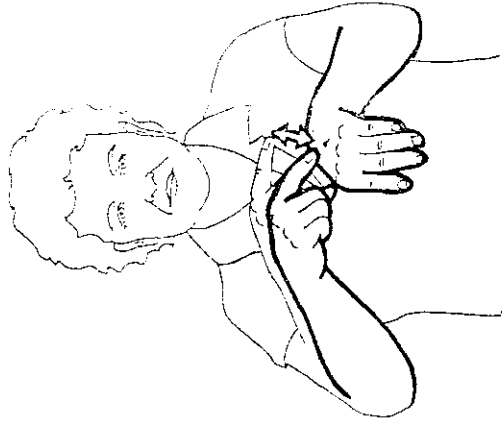
time



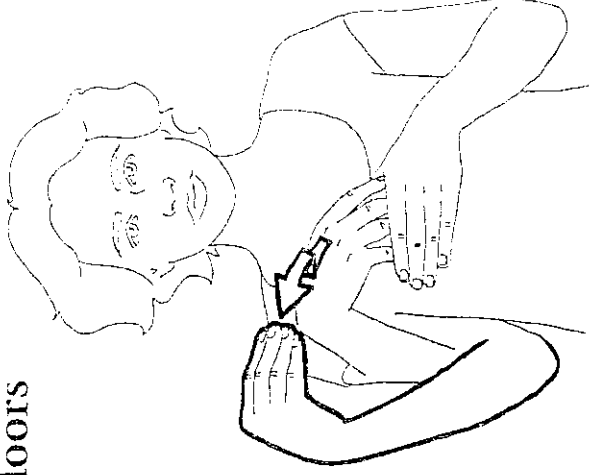
drink  
beverage



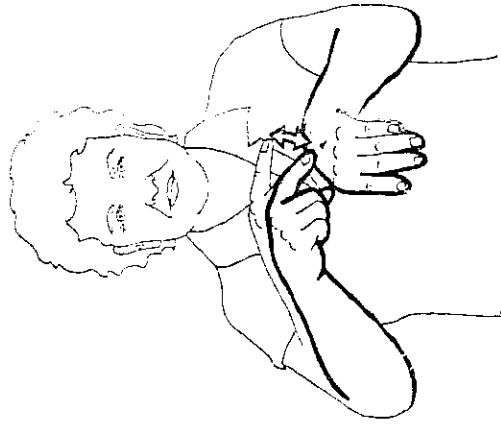
time



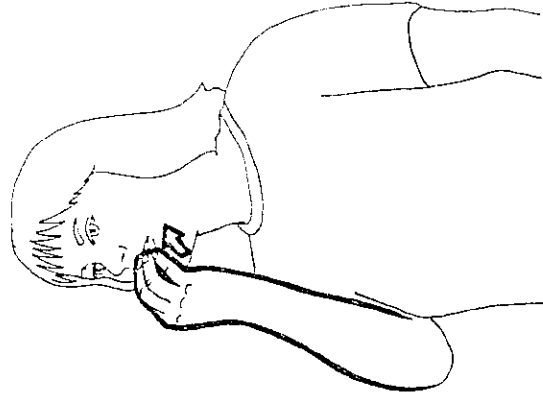
outside  
outdoors



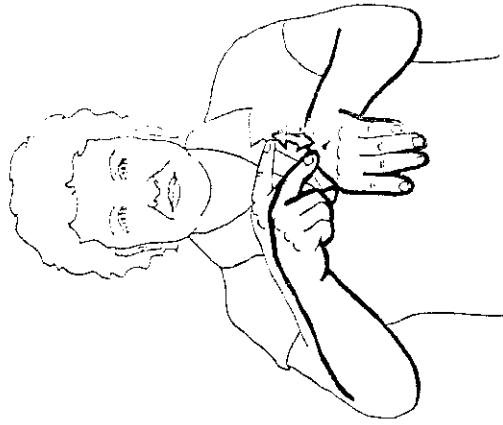
time



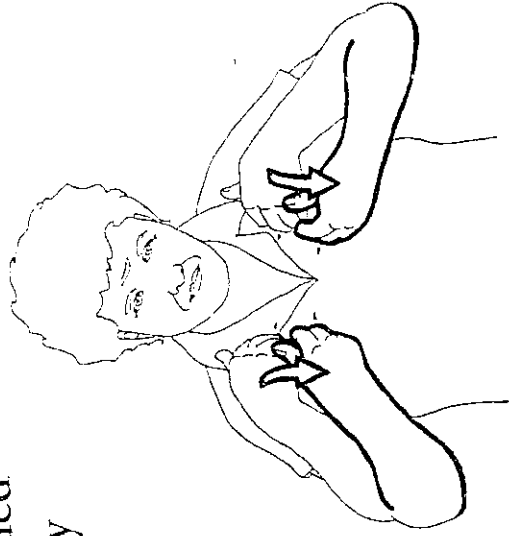
eat  
dine



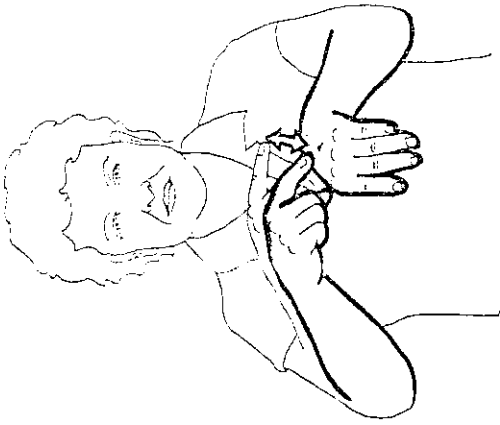
time



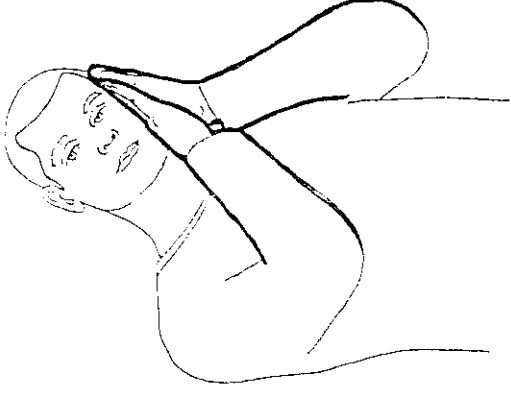
tired  
fatigued  
weary



time



sleep





grandfather

grandpa

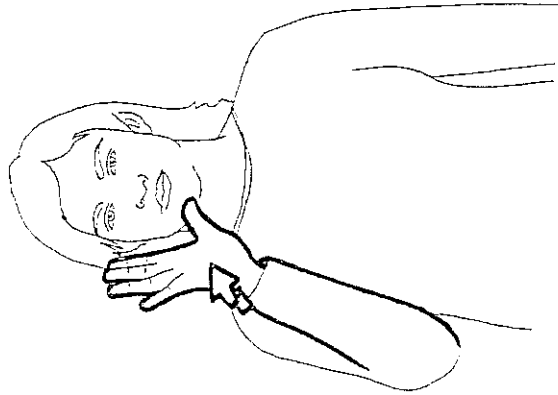


grandmother

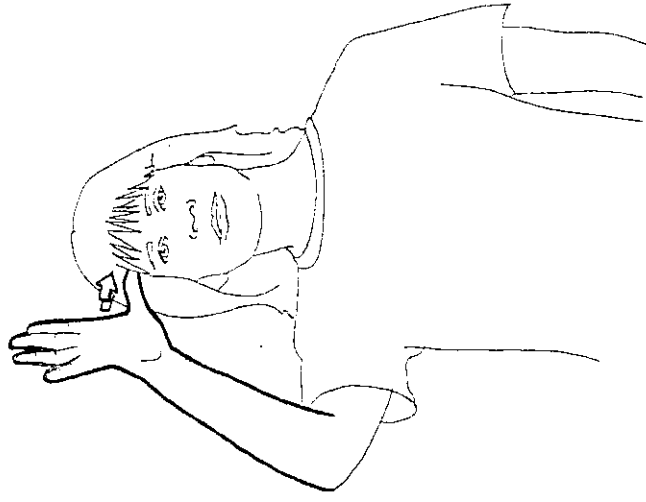
grandma

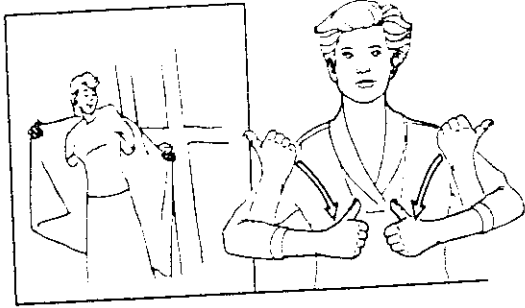


mother  
mama  
mom

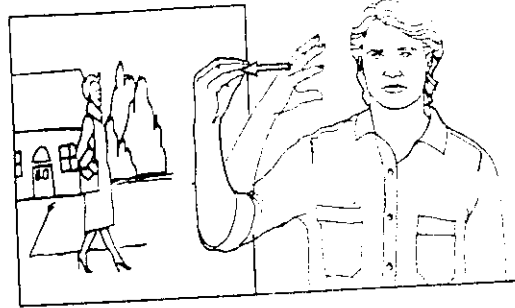


father  
dad



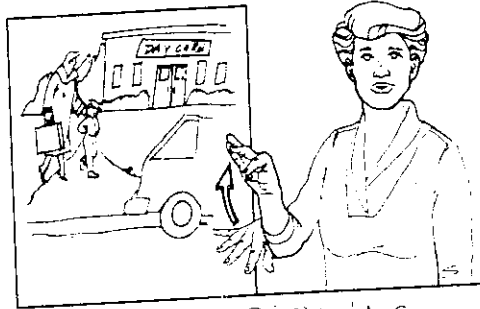


Coat on



outside

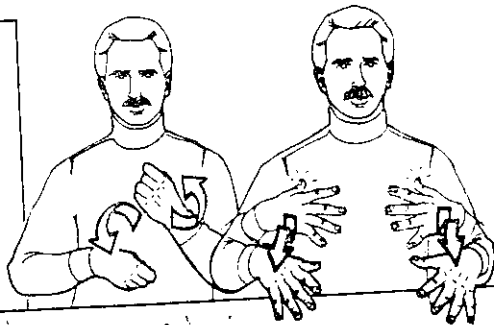
EVENING ROUTINE



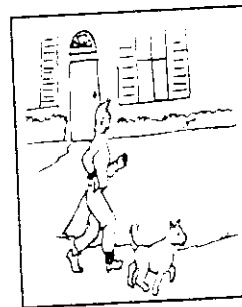
PICK UP



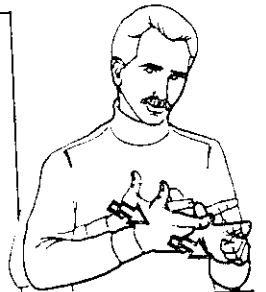
arrive home



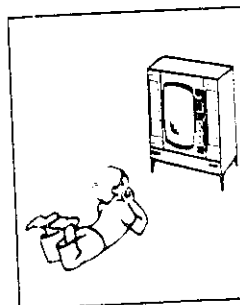
change clothes



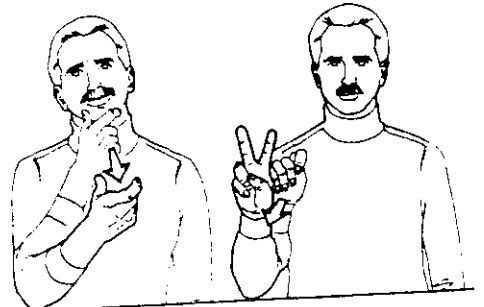
run



wash

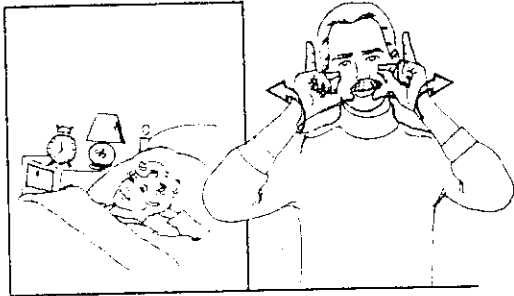


watch TV

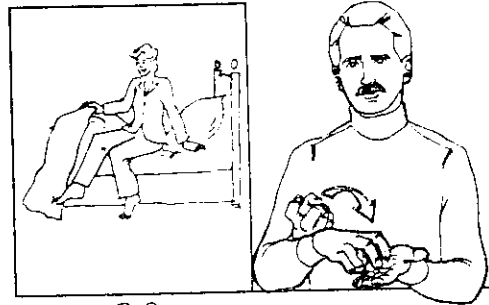


# VOCABULARY REVIEW

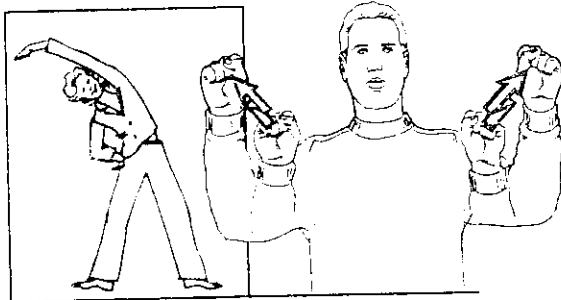
MORNING  
ROUTINE



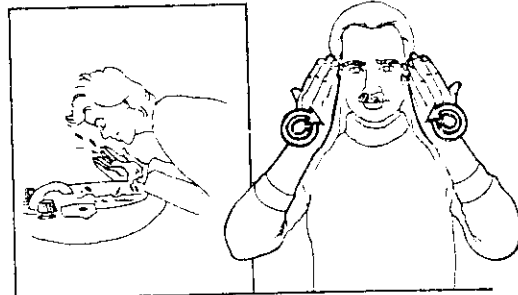
wake up



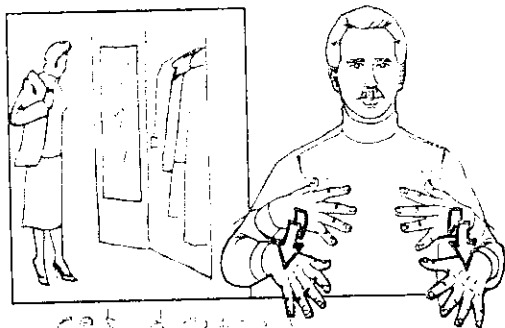
get up



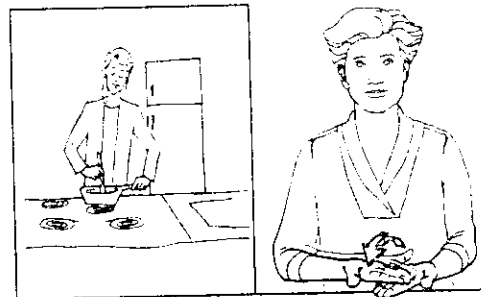
exercise



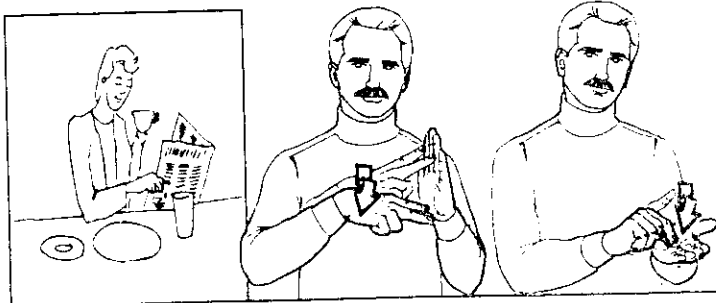
wash face



get dressed



cook



read newspaper



brush teeth