

Name \_\_\_\_\_

Date \_\_\_\_\_



# TELLING THE TIME O'CLOCK, HALF AND QUARTER

## SHEET 5B

For each time, you need to either draw in the hands or write the time.

1:30		7:15	
	12:30		2:45
9:30		1:45	
	3:30		9:45



Name

Date



# TELLING THE TIME O'CLOCK, HALF AND QUARTER

## SHEET 5B ANSWERS

1:30	8:00	7:15	5:45
11:15	12:30	2:00	2:45
9:30	8:15	1:45	12:45
7:00	3:30	3:15	9:45