

Name: _____

Date: _____

Measurement – Time – Today, Yesterday, Tomorrow

| Day of the Week | | | | | | |
|-----------------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

Today is : Tuesday

| | |
|-------------------------|--|
| What day is tomorrow? | |
| What day was yesterday? | |

Today is : Friday

| | |
|-------------------------|--|
| What day is tomorrow? | |
| What day was yesterday? | |

Today is : Sunday

| | |
|-------------------------|--|
| What day is tomorrow? | |
| What day was yesterday? | |

Today is : Monday

| | |
|-------------------------|--|
| What day is tomorrow? | |
| What day was yesterday? | |

Today is : Thursday

| | |
|-------------------------|--|
| What day is tomorrow? | |
| What day was yesterday? | |