

Name:

Date:

# Safety Rules Worksheet

*Read the rules. Circle YES if it is safe, or NO if it is not safe.*

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|------------------------------------------------------|----------|
| 1. Walking in the classroom (not running).           | YES / NO |
| 2. Playing with scissors without asking the teacher. | YES / NO |
| 3. Washing hands before eating.                      | YES / NO |
| 4. Pushing friends on the playground.                | YES / NO |
| 5. Sitting properly on your chair.                   | YES / NO |
| 6. Talking to strangers outside the school.          | YES / NO |
| 7. Sharing toys with friends.                        | YES / NO |
| 8. Keeping small objects out of your mouth.          | YES / NO |
| 9. Listening to the teacher's instructions.          | YES / NO |
| 10. Running across the street without looking.       | YES / NO |