

# Template

|                                                                                             |                                                                                             |      |           |             |                                                                                                 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------|-----------|-------------|-------------------------------------------------------------------------------------------------|
| <br>I      | <br>want   | Verb | Verb/Noun | Descriptive | <br>not      |
| <br>You    | <br>like   | Verb | Verb      | Descriptive | <br>more     |
| <br>It     | <br>see    | Verb | Noun      | Descriptive | <br>all done |
| <br>My   | <br>go   | Verb | Noun      | Preposition | <br>on     |
| <br>Your | <br>stop | Verb | Noun      | Preposition | <br>off    |