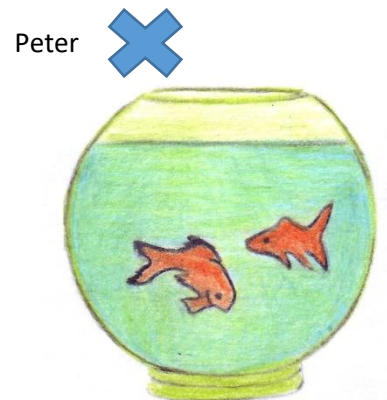
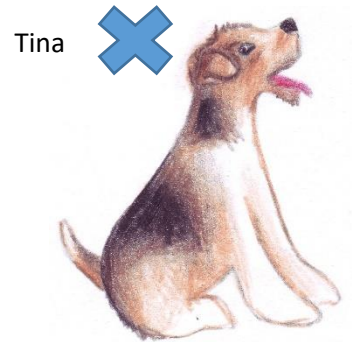
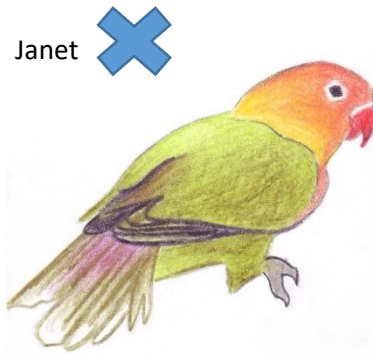
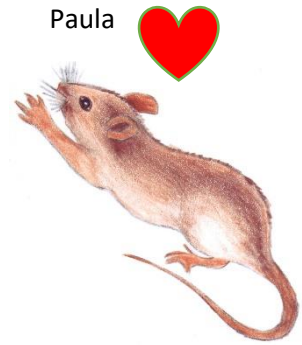




| | |
|--|---|
| Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____ | |
| Assessment: _____ | Date: _____ |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Teacher's signature: _____ Parent's signature: _____ |

1. Talk about the pets and who likes or doesn't like them.



2. What pets do you like? What pets don't you like?



ENGLISH EXAM

Speaking

