








ENGLISH EXAM

SPEAKING









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: _____

STUDENT A

1) Answer your partners' questions.

2) Ask your partner: "Do you like ...?"

Put a tick (✓) or a cross (✗).






						
My partner's answers						



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STUDENT B

1) Ask your partner: "Do you like ...?"

Put a tick (✓) or a cross (✗).

						
My partner's answers						

2) Answer your partners' questions.