








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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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature: _____</td> <td style="width: 50%; text-align: center;">Parent's signature: _____</td> </tr> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

STUDENT B

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

Put a tick (✓) or a cross (✗).

						
My partner's answers						

2) Answer your partners' questions.