








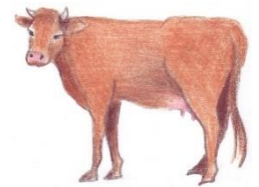
Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____					
Assessment: _____	Date: _____				
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature:</td> <td style="width: 50%; text-align: center;">Parent's signature:</td> </tr> <tr> <td style="height: 40px;">_____</td> <td style="height: 40px;">_____</td> </tr> </table>	Teacher's signature:	Parent's signature:	_____	_____
Teacher's signature:	Parent's signature:				
_____	_____				

Look at the picture and rewrite the sentence.

lay / I / eggs / live / and / farm / on / a _____



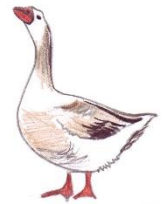
make / milk / I _____



small / am / I / have / but / I / eyes / big _____



a / I / and / have / beak / feathers _____



swim / a / can / pond / I / in _____



me / ride / can / people / on _____

