|  |  |  |
| --- | --- | --- |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nber: \_\_\_\_ Grade/Class:** \_\_\_\_\_ | | |
| **Assessment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Teacher’s signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Parent’s signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Listen and tick the right word. Draw the body part**



**1**  **2 3**

\_\_\_\_\_ HAIR \_\_\_\_\_ KNEE \_\_\_\_\_ HAND

\_\_\_\_\_ MOUTH \_\_\_\_\_ TOE \_\_\_\_\_ EYE



**4**  **5 6**

\_\_\_\_\_ ARM \_\_\_\_\_ HAND \_\_\_\_\_ EAR

\_\_\_\_\_ LEG \_\_\_\_\_ FINGER \_\_\_\_\_ EYE



**7**  **8**  **9**

\_\_\_\_\_ HEAD \_\_\_\_\_ HEAD \_\_\_\_\_ FEET

\_\_\_\_\_ HAND \_\_\_\_\_ HAIR \_\_\_\_\_ ARMS

Script:

1. It’s my mouth.
2. It’s my toe.
3. It’s my hand.
4. It’s my arm.
5. It’s my finger.
6. It’s my ear.
7. It’s my head.
8. It’s my hair.
9. It’s my feet.