|  |
| --- |
| **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.