








# ENGLISH EXAM

## Speaking

Name: _____ Surname: _____ N <sup>ber</sup> : _____ 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: _____

1. Look at the pictures and tell them.



Close .....



J.....



Shake .....



Point .....



## ENGLISH EXAM

### Speaking

#### Answer key

1. Close your eyes
2. Jump
3. Shake your hands
4. Point to your head