








ENGLISH EXAM

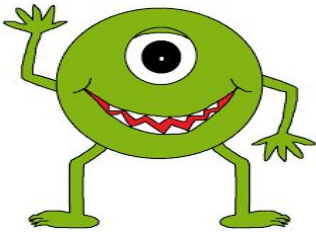
Speaking

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: _____

1. Look and say the monsters' body moves. Ex: "Touch your nose."



1. _____



2. _____



3. _____



4. _____



5. _____



ENGLISH EXAM

Speaking

Script:

1. Pink monster : Open your eyes
2. Green monster : Raise your hand
3. Yellow monster : Wave your arms
4. Brown monkey : Clap your hands
5. Red monster : Jump