








ENGLISH EXAM

Vocabulary

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 at the pictures and write.

 E _ _	 M _ _ _	 E _ _	 N _ _
 F _ _	 K _ _	 L _ _	 H _ _
 A _ _	 H _ _ _	 S _ _ _ _ _	 T _ _



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Vocabulary

Answer key

1. eye
2. mouth
3. ears
4. nose
5. foot
6. knee
7. leg
8. head
9. arm
10. hand
11. shoulder
12. teeth