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

1. **Listen and fill in the blanks.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. I
 | ............................ |  with my  | ............................... |
| 1. I
 | ............................ |  with my  | ............................... |
| 1. I
 | ............................ |  with my  | ............................... |
| 1. I
 | ............................ |  with my  | ............................... |
| 1. I
 | ............................ |  with my  | ............................... |

1. **Match the sentences with the pictures.**



**Script:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. I
 | Hear |  with my  | ears. |
| 1. I
 | See |  with my  | Eyes. |
| 1. I
 | Taste  |  with my  | Tounge. |
| 1. I
 | Smell  |  with my  | Nose. |
| 1. I
 | Touch |  with my  | Hands. |

