|  |  |  |
| --- | --- | --- |
| **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. |

