




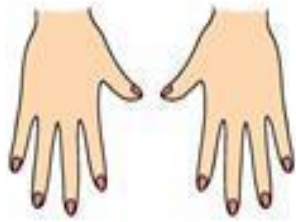


Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____					
Assessment: _____	Date: _____				
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature:</td> <td style="width: 50%; text-align: center;">Parent's signature:</td> </tr> <tr> <td style="height: 40px;">_____</td> <td style="height: 40px;">_____</td> </tr> </table>	Teacher's signature:	Parent's signature:	_____	_____
Teacher's signature:	Parent's signature:				
_____	_____				

Read and complete.

1.



These my fingers.

2.



This is my

3.



..... is my

4.



..... are my

5.



These..... my

6.



This my

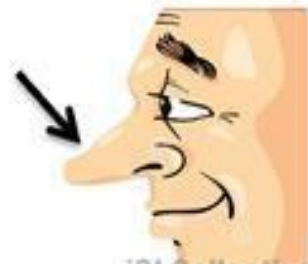
These..... my

This my

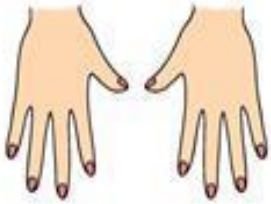
7.




8.



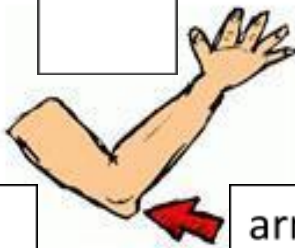
Answer Key

1. 

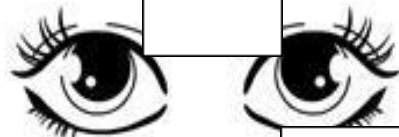
These my fingers.

2. 

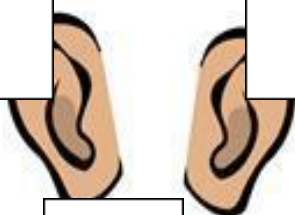
This is my

3. 


this is my

4. 


These are my




These... ... my



This ... my

7. 

These... my

8. 

This ... my



ENGLISH EXAM

Reading

