








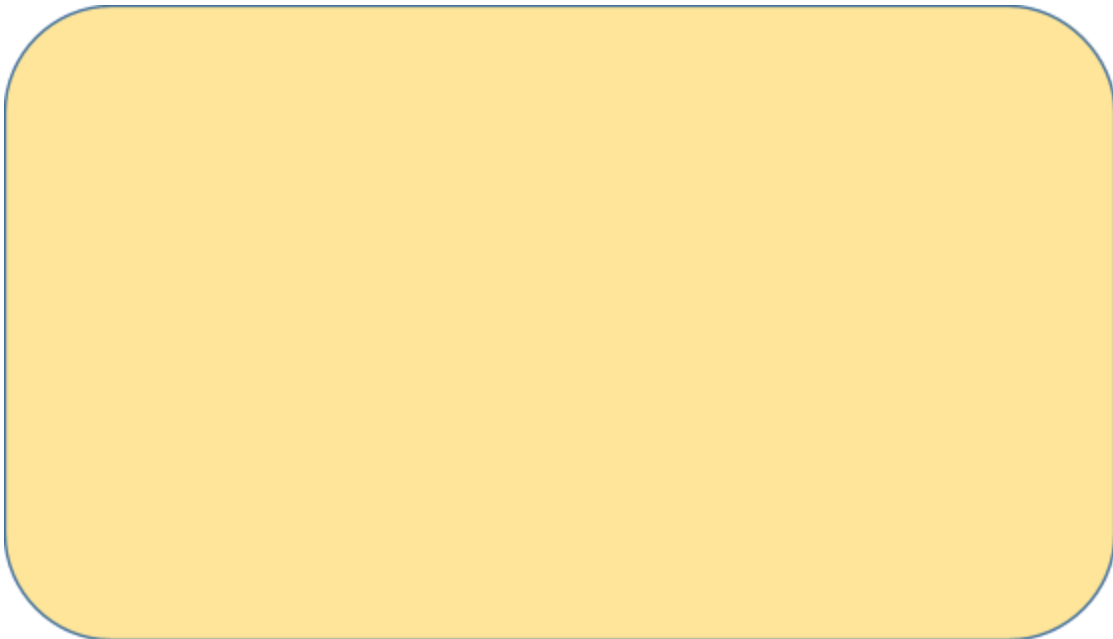
# ENGLISH EXAM

## Speaking

|   |                            |
|---|----------------------------|
| Name: _____ Surname: _____ N <sup>ber</sup> : _____ 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: _____  |

### Student A

1. Ask your partner "Has it got .....?" and try to draw your friends monster.



2. Answer your partner's questions by looking at your monster.





# ENGLISH EXAM

## Speaking

Student B

1. Answer your partner's questions by looking at your monster.



2. Ask your partner "Has it got ....."?" and try to draw your friend's monster.

