








# ENGLISH EXAM

## Writing

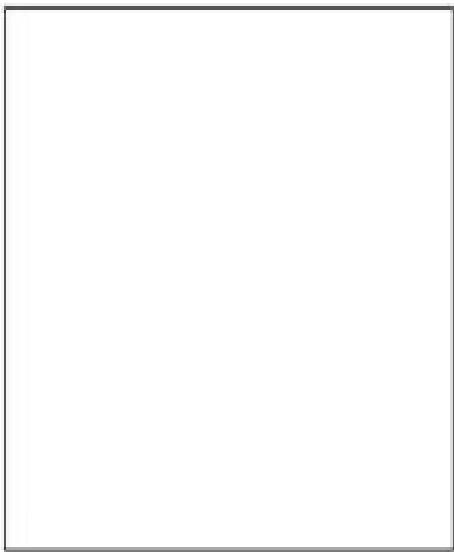


Name: _____ Surname: _____ N <sup>ber</sup> : _____ Grade/Class: _____			
Assessment: _____	Date: _____		
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<table border="1"> <tr> <td>Teacher's signature: _____</td> <td>Parent's signature: _____</td> </tr> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

### 1. Fill in the blanks.

· We hear with our \_\_\_\_\_.  
 · We \_\_\_\_\_ with our fingers / hands.  
 · We \_\_\_\_\_ with our eyes.  
 · We kick a ball with our \_\_\_\_\_.  
 · We \_\_\_\_\_ with our nose.  
 · We \_\_\_\_\_ with our mouth.  
 · We brush our \_\_\_\_\_.

### 2. Draw a monster and describe it.



My monster has got \_\_\_\_\_

It has got \_\_\_\_\_

It has got \_\_\_\_\_

It has got \_\_\_\_\_

It has got \_\_\_\_\_



## ENGLISH EXAM

### Writing

#### Answer key:

1. Ears
2. touch / feel
3. see
4. Feet / foot
5. smell
6. eat / speak
7. teeth