








# ENGLISH EXAM

## SPEAKING

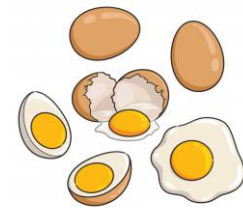
|  |   |
|--|---|
| Name: _____ Surname: _____ N <sup>ber</sup> : _____ Grade/Class: _____   |   |
| Assessment: _____  | Date: _____   |
|  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> | Teacher's signature: _____<br>Parent's signature: _____ |

### 1. Ask your partner.

Do you like pancakes?

Yes, I do/ No, I don't

What are these ingredients?



What do you need to cook the pancake?

You need a \_\_\_\_\_