








ENGLISH EXAM

Writing



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> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

1. Answer the questions.

1. When is your birthday? My _____.
2. How old are you? _____ old.
3. Do you know the birthday song? Yes, I do/ No, I don't.
4. What is your favourite present? My favourite present is _____.
5. What can you see in birthday parties? I can see b_____, p_____, h_____ and a c_____.

2. Complete the words.



B _____ C _____



P _____



P _____ H _____