








Name: _____ Surname: _____ Nber: _____ 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. Order the words.

1. Vee s'Earsy Wen -> _____
2. Tsmchrais -> _____
3. Espntre --> _____
4. Toesmlite -> _____

2. What is it?



R _____



C _____ T _____



S _____