








Name: _____ Surname: _____ N°: _____ 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%;">Teacher's signature: _____</td> <td style="width: 50%;">Parent's signature: _____</td> </tr> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

1. Listen and order the pictures.

Baby



Mother



Father and son



Family



Grandfather



Grandmother