








Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____	
Assessment: _____	Date: _____
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Teacher's signature: _____ Parent's signature: _____

1. Ask your partner.

A: Have you got a brother? If yes, how many brothers do you have?

B: _____

A: Have you got a sister? If yes, how many sisters do you have?

B: _____

A: How old is your mother?

B: _____

A: Do you have pets? If yes, which pet is it?

B: _____

A: Is your father strong and tall?

B: _____

A: How old is your grandfather?

B: _____