








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: _____ Parent's signature: _____

1. Answer the questions.



Who are they?  
They are \_\_\_\_\_



Who is she?  
She is \_\_\_\_\_



Who are they?  
They are \_\_\_\_\_ and \_\_\_\_\_



Who are they?  
They are a \_\_\_\_\_