








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"/>	<table border="1"> <tr> <td>Teacher's signature: _____</td> <td>Parent's signature: _____</td> </tr> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

1. Choose the correct option



- Grandmother
- Grandfather
- Uncle



- Grandmother
- Son
- Father



- Father
- Grandfather
- Mother



- Son
- Mother
- Daughter



- Baby
- Father
- Mother



- Son
- Family
- Sister