








ENGLISH EXAM

Writing

Name: _____ Surname: _____ N°: _____ 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. Write the names and colour them



G _____



M _____



B _____ and S _____