



ENGLISH EXAM

Speaking

Name: _____ Surname: _____ N ^{ber} : _____ 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%; text-align: center;">Teacher's signature: _____</td> <td style="width: 50%; text-align: center;">Parent's signature: _____</td> </tr> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

1. Look at the pictures and ask your partner "Do you like" (Student A)

2. Now answer your partner's questions.

...

1. Answer your partner's questions. (Student B)

...

2. Now it is your turn. Look at the pictures and ask your partner "Do you like?"





Answer Key

Student A

Do you like reading?

Do you like riding a bike?

Do you like playing hockey?

Do you like playing tennis?

Do you like doing crosswords?

Do you like playing computer games?

Student B

Do you like dancing?

Do you like surfing the net?

Do you like singing?

Do you like playing football?

Do you like playing the guitar?

Do you like listening to music?