








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: _____

Describe the living room. What do you see?

