








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 what you see in the room.



What room is this?

How many toys are there?

What color are the toys?

What toys can you see?

Where is the child?

How many lamps are there in the room?

What is the child wearing?

What animals can you see in the picture?