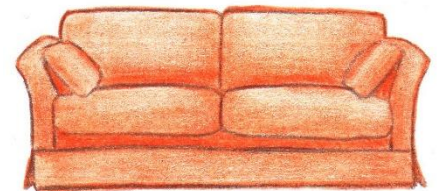




Name: _____ Surname: _____ N <sup>ber</sup> : ____ Grade/Class: ____					
Assessment: _____	Date: _____				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature:</td> <td style="width: 50%; text-align: center;">Parent's signature:</td> </tr> <tr> <td style="height: 40px;"> </td> <td style="height: 40px;"> </td> </tr> </table>	Teacher's signature:	Parent's signature:		
Teacher's signature:	Parent's signature:				

Circle the correct item.



Chair

Rug

Bookcase

Sofa

Wardrobe

Sofa

Wardrobe

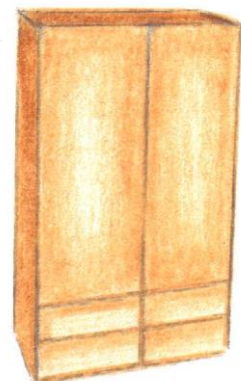
Bed

Bed

Table

Painting

Chair



Bed

Table

Chair

Wardrobe

Painting

Wardrobe

Bookcase

Sofa

Chair

Sofa

Rug

Bed