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| --- |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nber: \_\_\_\_ Grade/Class:** \_\_\_\_\_ |
| **Assessment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Teacher’s signature:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Parent’s signature:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Fill in the gaps and match the items with the correct room.**

****  ** **

S \_ \_ A

T \_ \_ \_ H \_ \_ \_ \_ E

P\_ \_ \_ w

F \_ \_ I \_ \_ P \_ N

T\_ W\_ \_

K \_ \_ \_ \_

C \_ F F \_ \_ T \_ B \_ E

Living room Bedroom Kitchen Bathroom

   

B \_ \_ S \_ D \_ T \_ \_ \_ E

Key:

Pillow

Sofa

Toothpaste

Fryingpan

Towel

Knife

Bedside table

Coffee table