




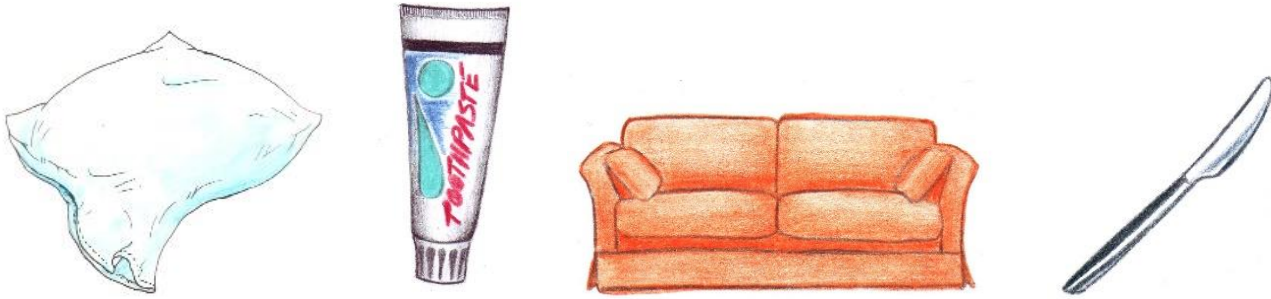




Name: _____ Surname: _____ N <sup>ber</sup> : _____ Grade/Class: _____	
Assessment: _____	Date: _____
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Teacher's signature: _____ Parent's signature: _____

Fill in the missing words, choose from the pictures.



1. You put your head on a \_\_\_\_\_ at night.
2. You sit on the \_\_\_\_\_ when you watch TV.
3. Before you go to bed, you use a toothbrush and \_\_\_\_\_.
4. When you need to fry something, you use a \_\_\_\_\_.
5. After your shower, you dry yourself with a \_\_\_\_\_.
6. You cut your food with a \_\_\_\_\_.
7. The \_\_\_\_\_ is next to your bed.
8. A \_\_\_\_\_ is often near the sofa.

