








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: _____



Fill in the gap with living room, kitchen, garage, garden, bathroom, bedroom, hallway, dining room

1. I brush my teeth in the _____.
2. She lays on the sofa in the _____.
3. They eat in the _____.
4. I take off my shoes in the _____.
5. You play outside in the _____.
6. We keep many things in the _____.
7. He sleeps in the _____.
8. They cook in the _____.