








ENGLISH EXAM

READING



Name: _____ Surname: _____ N ^{ber} : _____ 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; vertical-align: top;">Teacher's signature: _____</td> <td style="width: 50%; text-align: center; vertical-align: top;">Parent's signature: _____</td> </tr> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

Read, write and match.

a) I learn my lines and perform in theatres.



b) I wear a suit and work in an office.



c) I am responsible for everything regarding food in a restaurant.



d) I show stories and ideas with dance performances.



e) I grow plants and raise animals on a farm.



f) My job is to put out fires and rescue people.



g) I am a person who is trained to fly an aircraft or a spacecraft.



h) I arrest criminals, protect and help the public

