



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;">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:				
_____	_____				

Talk about where the people work and what they like or don't like. Fill in X or O in the table.

- a) What your job is
- b) Where you work.
- c) What you do.

Example:

I am a doctor. I work in a hospital. I give medicine to patients.

Jobs	Restaurant	Hospital	School	Medicine	Food	Books
Doctor	O	X	O	X	O	O
Dentist						
Chef						
Waiter						
Nurse						
Teacher						