|  |  |  |
| --- | --- | --- |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nber: \_\_\_\_ Grade/Class:** \_\_\_\_\_ | | |
| **Assessment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **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.**

1. **What your job is**
2. **Where you work.**
3. **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 |  |  |  |  |  |  |