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| --- |
| **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.

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