




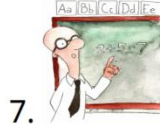




Name: _____ Surname: _____ N ^{ber} : ____ Grade/Class: ____					
Assessment: _____	Date: _____				
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Teacher's signature:</td> <td style="width: 50%;">Parent's signature:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Teacher's signature:	Parent's signature:	_____	_____
Teacher's signature:	Parent's signature:				
_____	_____				

Look at the pictures and fill in the crossword.



2	F																			

Key:



Vocabulary

2 F
O
O
T
1 B U S I N E S S M A N D I N G
A C M D I O G
L E A R T E A C H E R
L M N I R T R
E A V E S O R
R N R S