



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:				

Circle the correct job.



Actor

Baker

Painter



Chef

Writer

Fisherman



Baker

Chef

Farmer



Painter

Mailman

Actor



Farmer

Writer

Baker



Painter

Chef

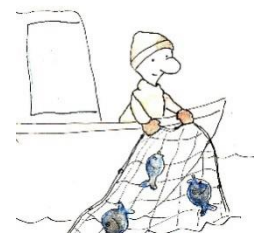
Fisherman



Actor

Baker

Chef



Fisherman

Farmer

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