







| | | |
|--|--|-------------------------------|
| Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____ | | |
| Assessment: _____ | | Date: _____ |
|  <input type="checkbox"/> |  <input type="checkbox"/> | Teacher's signature: _____ |
|  <input type="checkbox"/> |  <input type="checkbox"/> | |

1. Listen and match

- I wake up at 8 o'clock in the morning everyday
- I have lunch with my family at 3 o'clock
- I play football with my friends at 5 o'clock
- I have a shower at 8 o'clock in the evening after playing football
- I brush my teeth before going to sleep at 10 o'clock