








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

1. Listen and tick.

I wake up everyday at 8 o'clock

I brush my teeth and I go to school

After school I have lunch with my family and then I do my homework

I have a shower before going to sleep