







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

**1. Listen and order**

First, I wake up at 7 o'clock

I brush my teeth and after I go to school

Finally, I have a shower and then I go to sleep.

**2. Listen and complete**

At eight o'clock in the morning I get up

I have lunch with my family at twelve o'clock in the afternoon

At four o'clock in the afternoon I do my homework

I have dinner at nine o'clock in the evening