








Name: _____ Surname: _____ N <sup>ber</sup> : _____ 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, match and complete**

Lucas always want to go to the playground after school

Martha loves going to shopping with her sister

Mery get dressed every morning before going to school

John do his homework everyday at 4 o'clock in the afternoon

Lucas has dinner with his family everyday