








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 answer the questions.

What time is it? _____

When do you have breakfast? _____

How do you go to school? _____

Do you do your homework? _____

What do you do in your free time? _____

What is your favourite meal? _____

When do you go to sleep? _____