







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 order.

1. I wake up at 8 o'clock in the morning.
2. I do exercise at 10 o'clock.
3. I brush my hair after having a shower.
4. I do my homework.
5. Finally, I play football.