







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, complete and match

1. HAVE DINNER
2. SCHOOL BUS
3. HAVE A SHOWER
4. HALF PAST TWELVE
5. WATCH TV