







A2

Speaking

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: _____



This is Christina's little town and she likes it very much!

She likes it because it is quiet without many cars but there isn't a shopping mall in her town and she doesn't like this.

What do you like and what don't you like about your town/city?