








Ex. 4

A1

The place I live –my city

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: _____



Listen and fill in the missing letters in the following city words.

1. S \_ R \_ \_ T
2. T \_ X \_
3. H \_ \_ S \_
4. P \_ R \_
5. S \_ \_ P
6. T \_ A \_ F I \_ \_ L \_ G \_ T \_
7. P \_ V \_ M \_ \_ T



**Transcript :**

**Spell out the following words :**

- 1. STREET**
- 2. TAXI**
- 3. HOUSE**
- 4. PARK**
- 5. SHOP**
- 6. TRAFFIC LIGHTS**
- 7. PAVEMENT**