Name: _____	Surname: _____	N^{ber}: _____ Grade/Class: _____

Assessment: _____	Date: _____	
😫☐ 😥☐ 😊☐ 😄☐ 😉☐	Teacher's signature: _____	Parent's signature: _____

1. **Choose the correct option**

Have breakfast	Go to school	Have lunch
Go to sleep	Brush my teeth	Go to the playground
Have lunch	Have a shower	Do homework

Have dinner	Go shopping	Go to school
Wake up	Meet friends	Have lunch
Get dressed	Do homework	Wake up