








| | | | |
|--|---|-------------------------------|------------------------------|
| Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____ | | | |
| Assessment: _____ | Date: _____ | | |
|  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature: _____</td> <td style="width: 50%; text-align: center;">Parent's signature: _____</td> </tr> </table> | Teacher's signature: _____ | Parent's signature: _____ |
| Teacher's signature: _____ | Parent's signature: _____ | | |

1. Read and match

You do it after waking up

You do it after eating

You do it to be clean

The teachers send it to you at school

You do it at the end of the day

1. Do homework

2. Go to sleep

3. Brush my teeth

4. Have breakfast

5. Have a shower

2. Put the number of the previous exercise in the correct picture and draw it.

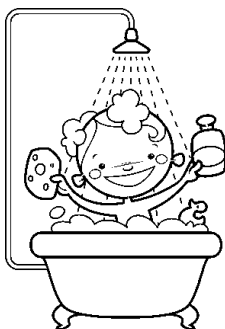


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