








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: _____

1. Match the sentences

- | | |
|--------------------------------------|------------------------------------|
| 1. What time do you get up? | a. I learn subjects like History |
| 2. What do you do in the afternoon? | b. I play football in my free time |
| 3. What do you do in the school? | c. I get up at 8 o'clock |
| 4. What do you do in your free time? | d. I go to sleep |
| 5. What do you do after eating? | e. I do my homework |
| 6. What do you do at night? | f. I brush my teeth |