








ENGLISH EXAM

Reading



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. Order the words.

VT ATCHW:

LPYA LLBAFTOO:

HSRBU YM IRAH:

HBRSU YM HHTEE:

INEN LCCKOO':

RFEE IMTE:

ENNGIVE:

ORNGINM: