








|  |  |                            |                           |
|--|--|----------------------------|---------------------------|
| 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"/> | <table border="1"><tr><td>Teacher's signature: _____</td><td>Parent's signature: _____</td></tr></table> | Teacher's signature: _____ | Parent's signature: _____ |
| Teacher's signature: _____   | Parent's signature: _____  |                            |                           |

1. Read and match.



go to the playground



have a shower



brush your teeth



go to school