








ENGLISH EXAM

Speaking



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. Ask your partner and circle **TRUE** or **FALSE**.

- | | | |
|---|------|-------|
| 1. Do you get up at 8 o'clock? | TRUE | FALSE |
| 2. Do you go to school by car? | TRUE | FALSE |
| 3. Do you do your homework after school? | TRUE | FALSE |
| 4. Do you watch TV in your free time? | TRUE | FALSE |
| 5. Do you have dinner with your family? | TRUE | FALSE |
| 6. Do you brush your teeth before going to sleep? | TRUE | FALSE |
| 7. Do you go to sleep at 21 o'clock? | TRUE | FALSE |