ENGLISH EXAM

Speaking

FALSE

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| **Name: Surname: Nber: Grade/Class:**  |
| **Assessment:**  | **Date:**  |
| **Teacher’s signature:** | **Parent’s signature:** |

FALSE FALSE FALSE FALSE FALSE FALSE

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

Assessing EFL Students