








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. Have a conversation with your partner.

A: What time is it?

B: It is _____

B: Do you like going to school?

A: Yes/No _____

A: What do you do at noon?

B: _____

B: What do you do in the afternoon?

A: I _____

A: What time do you wake up?

B: _____

B: What time do you go to sleep?

A: _____

A: What is your favourite breakfast?

B: My favourite breakfast is _____

B: Do you watch TV?

A: Yes/No _____

A: What do you do on Sundays?

B: _____



ENGLISH EXAM

Speaking

