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| **Name: Surname: Nber: Grade/Class:** | | |
| **Assessment:** | **Date:** | |
| **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: