



Name: _____ Surname: _____ N°: _____ 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. Present your evening routine to your partners.



When I come back from \_\_\_\_\_ I have \_\_\_\_\_ with my \_\_\_\_\_,



I do my \_\_\_\_\_, I go to the \_\_\_\_\_ to play \_\_\_\_\_. I go back home, and I have a \_\_\_\_\_



I watch \_\_\_\_\_. Then I have \_\_\_\_\_ with my family and finally I go to \_\_\_\_\_.