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|--|---|-------------------------------|------------------------------|
| Name: _____ Surname: _____ Nber: _____ Grade/Class: _____ | | | |
| Assessment: _____ | Date: _____ | | |
|  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature: _____</td> <td style="width: 50%; text-align: center;">Parent's signature: _____</td> </tr> </table> | Teacher's signature: _____ | Parent's signature: _____ |
| Teacher's signature: _____ | Parent's signature: _____ | | |

1. Tell your partners what time it is.



A) It is _____ o'clock



B) It is half past _____.



C) It is _____.



D) It is _____.

2. What are you doing at those hours?

- A) At _____ I go to _____.
- B) At _____ I have _____.
- C) At _____ I do my _____.
- D) At _____ I go to _____.