








Name: _____ Surname: _____ N <sup>ber</sup> : _____ 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. Ask your partner.**

1) A: What time do you get up?

B: I wake up at \_\_\_\_\_.

2) A: Who do you have breakfast with?

B: I have breakfast with \_\_\_\_\_.

3) A: How do you go to school?

B: I go to school by \_\_\_\_\_.

4) A: What do you do in your free time?

B: In my free time I play \_\_\_\_\_.

**2. Match the numbers with the pictures.**

