








# ENGLISH EXAM

## Vocabulary



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. Match the words.

1. Play
2. Brush
3. Wake
4. Watch
5. Have a
6. Do
7. Get
8. Go to
9. Have
10. Go to

- My teeth
- Dressed
- Breakfast
- Homework
- Sleep
- TV
- School
- Up
- Shower
- Football

### 2. Put the number in the drawings from the previous exercise.

