








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"/>	Teacher's signature: _____ Parent's signature: _____

1. Order the words.

Ewka pu ----->

Veah a wshero ----->

Shbru ym htteeh ----->

Og ot het ylgaoprund ----->

Eahv feraastbk ----->

Tge ssrdeed ----->

Eetm riendfs ----->

Og ot loochs ----->

Aevh nchlu ----->