



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. Complete the actions.



P _ _ _ F _ _ _ _ _



B _ _ _ m _ t _ _ _



B _ _ _ m _ h _ _ _



G _ t _ s _ _ _



W _ _ _ t _



D _ e x _ _ _ s _