



# ENGLISH EXAM

## Writing

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"> <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. Order the actions.

Go to \_\_\_\_\_

Go to \_\_\_\_\_

Do my \_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

Have \_\_\_\_\_

Wake \_\_\_\_\_

Have a \_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_