








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. Write your daily routine and draw it**

I wake up at \_\_\_\_\_, I have breakfast with \_\_\_\_\_ and I \_\_\_\_\_

After school I have \_\_\_\_\_, I do my \_\_\_\_\_. In my free time I play \_\_\_\_\_ and I go \_\_\_\_\_.

At night I have \_\_\_\_\_, I also have a \_\_\_\_\_ and I \_\_\_\_\_ before going to \_\_\_\_\_.

On Sundays I meet \_\_\_\_\_ and I \_\_\_\_\_ TV.

Draw it.