



ENGLISH EXAM

Writing



Name: _____ Surname: _____ N ^{ber} : _____ 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> <tr> <td style="height: 40px;">_____</td> <td style="height: 40px;">_____</td> </tr> </table>	Teacher's signature:	Parent's signature:	_____	_____
Teacher's signature:	Parent's signature:				
_____	_____				

1. Match the times to the words.

- | | |
|-------|-----------|
| 9:00 | Evening |
| 12:00 | Noon |
| 16:00 | Afternoon |
| 19:00 | Night |
| 21:00 | Morning |

2. Look and write.

- | | |
|--|--|
| 9:00 --> wake up | |
| 10:00 --> have breakfast | |
| 10:30 --> brush my teeth | |
| 11:00 --> go to playground and play with friends | |
| 14:00 --> have lunch | |
| 16:00 --> watch tv at home | |
| 19:00 --> go shopping | |
| 21:00 --> have dinner | |
| 22:00 --> go to bed | |