








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. Answer the following questions.

- What do you do in the morning?

\_\_\_\_\_

\_\_\_\_\_

Draw it:

- What do you do in the afternoon?

\_\_\_\_\_

\_\_\_\_\_

Draw it:

- What do you do at night?

\_\_\_\_\_

\_\_\_\_\_

Draw it: