








ENGLISH EXAM

Speaking



Name: _____ Surname: _____ N ^{ber.} : _____ 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. Listen to your partner and paint the numbers. (Student A)

a. **11**

b. **20**

c. **16**


d. **7**

e. **12**

f. **18**

2. Now, look and tell your partner the colors and the name of the numbers.

a. 

b. 

c. **14**

d. 

e. 

f. **10**



ENGLISH EXAM

Speaking



1. Look and tell your partner the colors and the name of the numbers. (Student B)



2. Now listen to your partner and paint the numbers.

