








ENGLISH EXAM

READING



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: _____

Read and link.

- | | | |
|------------------------------------|--------------------------|-------------------|
| 1) What's this? | <input type="checkbox"/> | A Friday. |
| 2) What day is it today? | <input type="checkbox"/> | B It's my rubber. |
| 3) Where is my schoolbag? | <input type="checkbox"/> | C Eight. |
| 4) What's your favourite month? | <input type="checkbox"/> | D February. |
| 5) How many pens are there? | <input type="checkbox"/> | E Yellow. |
| 6) What colour is the pencil case? | <input type="checkbox"/> | F Under the desk. |



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ANSWER KEY

- 1) B
- 2) A
- 3) F
- 4) D
- 5) C
- 6) E