








Ex. 1

A2

Shopping

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: _____



When we go shopping, we are very happy because we buy a lot of things we like for our family, friends and ourselves.

Can you tell me what can you buy from a bakery?

What can you buy from a dairy shop?

What can you buy from a toy shop?

What can you buy from a sports shop?