








Ex.3                      A1                      Speaking

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: _____



**This is a new shopping mall in my town.**

**What shops can you find in a shopping mall? E.g. sports shops**

**Do you like going to shopping malls?**