








A1

Sports

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. What sports can you see in the picture? (Student names 3-4 sports)

e.g., football

2. Which of the sports in the photo do you play with a ball?

3. What sports do you like?