








A1

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: _____



Look at the pictures and tell me why these sports are different.

e.g. You play basketball with your hands.

Which of these three sports do you like the most?

Do you practice any of these sports?