








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"/>	<table border="1"><tr><td>Teacher's signature: _____</td><td>Parent's signature: _____</td></tr></table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

1. Match the toys.



A) Doll



B) Computer games



C) Skate



D) Teddy bear



E) Car



F) Kite



G) Ball



H) Blocks