








# ENGLISH EXAM

## Writing



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: _____

1. Complete the words from the images.



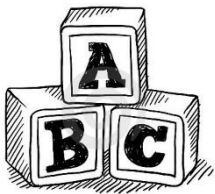
D \_\_\_\_\_



K \_\_\_\_\_



T \_\_\_\_\_ b \_\_\_\_\_



B \_\_\_\_\_



C \_\_\_\_\_



C \_\_\_\_\_

g \_\_\_\_\_