








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. Listen and complete.

My name is Lucas, I am a _____ and I am _____ years old. I have a lot of _____ and what I like the most is to _____ with them.

My favourite toy is my _____, it is big and _____ and is very fast. My _____ is very cool, my friends love it.

I also have a _____ and when it is windy, I go to the park with my _____ and we play with it.

Finally, I sleep everyday with my _____. It makes me sleep well.