




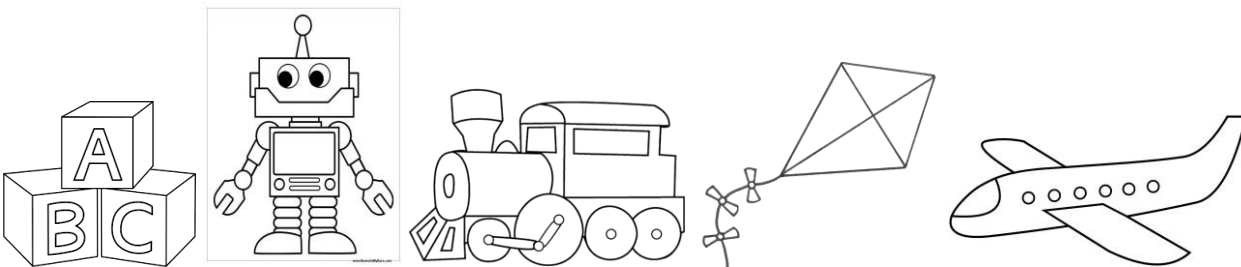




Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____	
Assessment: _____	Date: _____
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Teacher's signature: _____ Parent's signature: _____

1. Listen and match. Then, colour them.

GREEN	YELLOW	PINK	BLACK	ORANGE
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2. Listen and complete the sentences

1. I have _____ blocks.
2. We play with the kite when it is _____.
3. The _____ is new and it can _____.
4. I like to _____ by train
5. The _____ is the safest transport.