




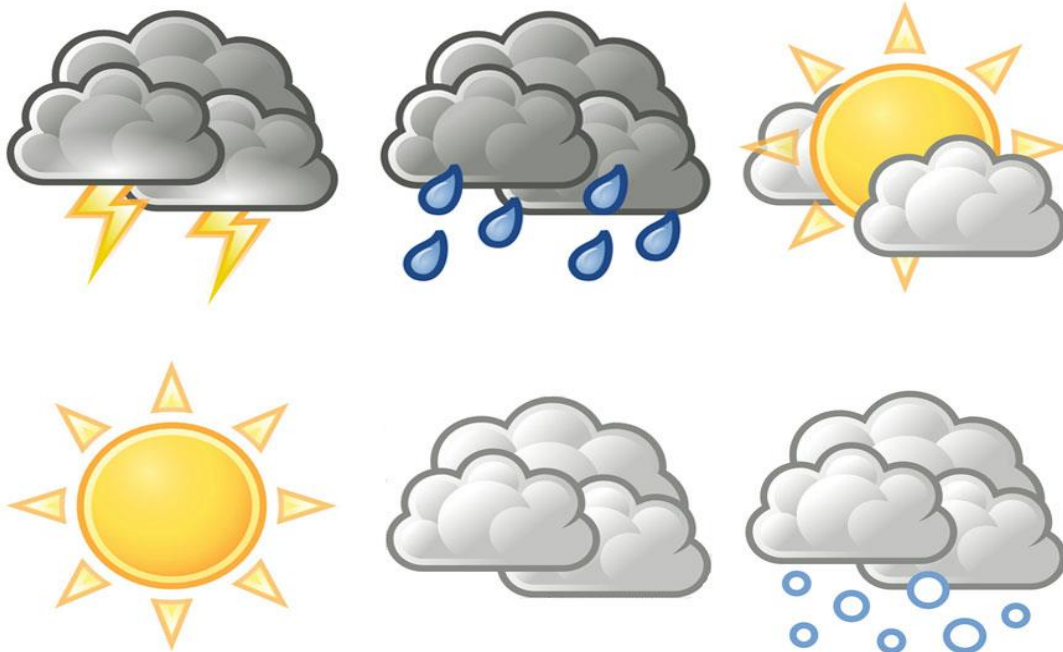




Ex. 5 A1 Weather

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: _____

Answer the following questions:



Which weather do you like the most?

Which weather do you dislike the most?
