








A2

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: _____



Look at this photo and tell me what you can see.

What is the weather like in this photo?

Do you like this type of weather? Why/Why not?

What is the best weather for you and why?