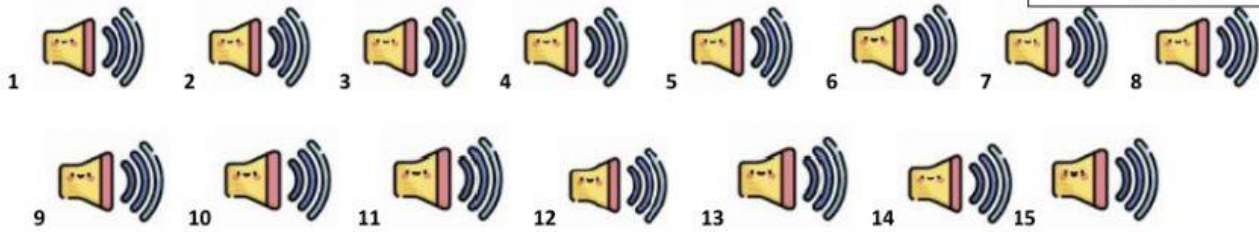


NAME: _____ SURNAME: _____ CLASS: _____ DATE: _____

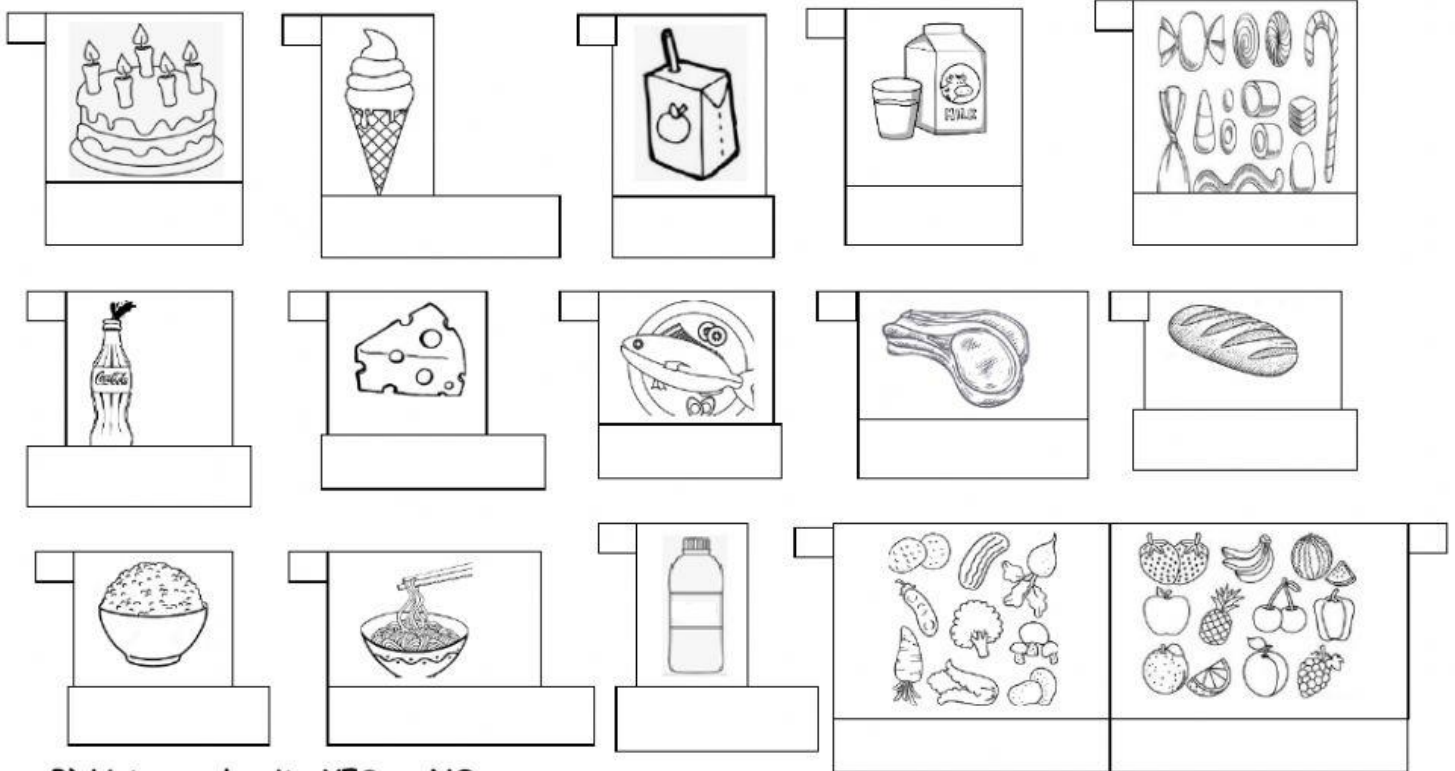
FOOD TEST-MAY

LISTENING: ____ /15

WRITING: ____ /15



A) Listen, number and write:



B) Listen and write YES or NO



LISTENING: ____ /3

C) Listen again and complete:

WRITING: ____ /2

- ____ YOU LIKE MILK, ZOLA? _____
- DO YOU ____ CAKE, DANNY? _____

D) Write about you:

WRITING: ____ /2





E) WHAT'S YOUR FAVOURITE FOOD? _____

WRITING: ____ /1

HELP WORDS

BREAD	CHEESE	CAKE
FRUIT	FISH	COKE
NOODLES	MEAT	JUICE
RICE	MILK	ICE CREAM
VEGETABLES		SWEETS
WATER		

DO YOU LIKE...?

YES, I DO ☺

NO, I DON'T ☹

I LIKE... ☺

I DON'T LIKE ☹

MY FAVOURITE FOOD IS...