Initial Evaluation Test Name:

1.Circle the days of the week:

January	Saturday	April	Monday	Tuesday
Wednesday	Thursday	Friday	June	Sunday

2. Match:

WINGS

FEATHERS

BEAK

3. Look and tick:

She can play tennis. ✓

She can't play tennis. ☐

He can row. ☐

He can't row. ☐

She can play football. ☐

She can't play football. ☐

He can play basketball. ☐

He can't play basketball. ☐

He can rollerblade. ☐

He can't rollerblade. ☐

She can skateboard. ☐

She can't skateboard. ☐

4. Name 2 foods you like and 2 foods you don't like.


1 fruit juice


2 water


3 sandwiches


4 chicken


5 salad


6 yoghurt


7 crisps


8 chocolate


9 strawberries


10 ice cream

I like _____ and _____.

I don't like _____ and _____.