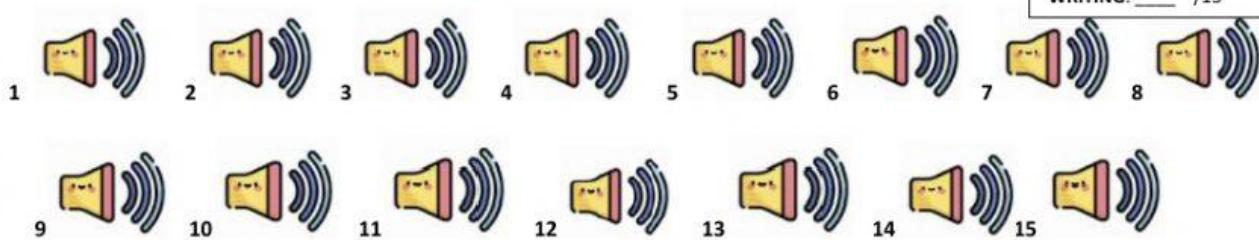


NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_ CLASS: \_\_\_\_\_ DATE: \_\_\_\_\_

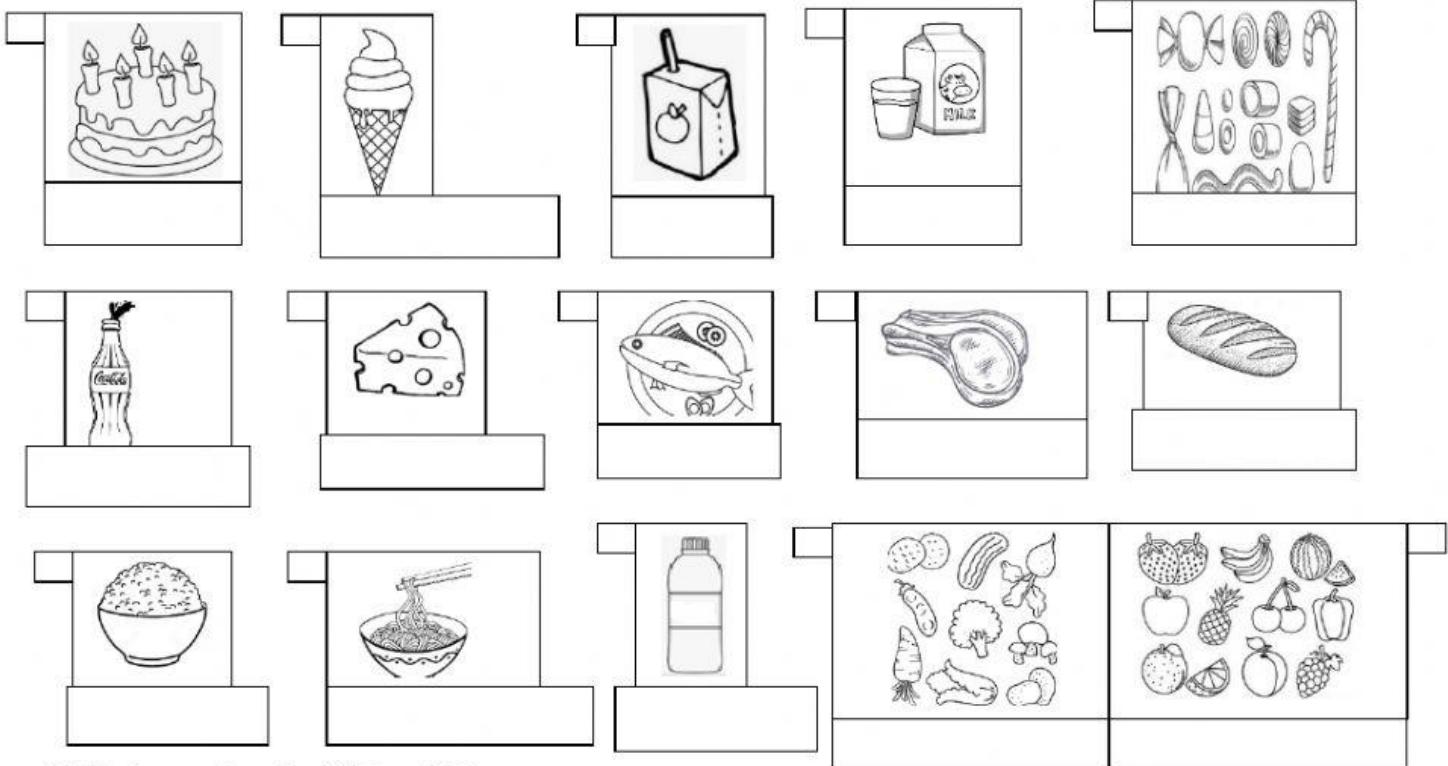
FOOD TEST-MAY

LISTENING: \_\_\_ /15

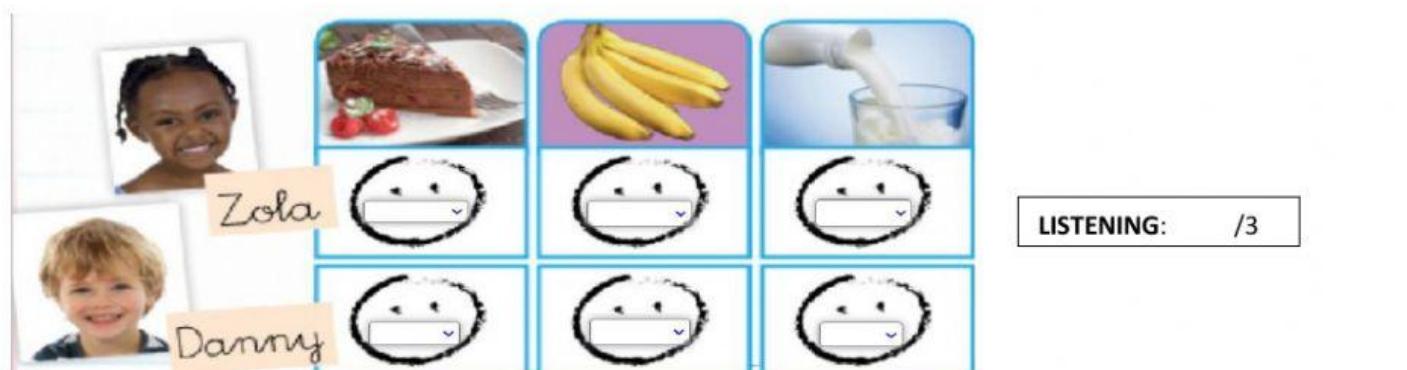
WRITING: \_\_\_ /15



A) Listen, number and write:



B) Listen and write YES or NO



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...