

## ENGLISH I - TEST

Name: \_\_\_\_\_ School: \_\_\_\_\_

Last name: \_\_\_\_\_ Date: \_\_\_\_\_

I. Choose, and write the best alternative in the blanks

**II.** Listen, repeat, and record the questions you listen.

21.  How are you?

 ?

22.  What is your name?

 ?

23.  Where are you from?

 ?

24.  How old are you?

 ?

25.  What is your favorite food?

 ?

26.  Do you like fruits?

 ?

27.  What fruits do you like?

 ?

28.  Do you speak English?

 ?

29.  Where do you live?

 ?

30.  Do you drink water?

 ?

**III.** Listen, repeat and record the statements you listen.

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