

FINAL ORAL PRACTICE

Flyers

1. What is your name?
2. What is your last name?
3. How do you spell your name?
4. Do you have a nick name?
5. What is your nick name?
6. Where are you from?
7. How old are you?
8. Do you have a cell-phone number?
9. What is your cell-phone number?
10. What is your favorite color?
11. What is your favorite food?
12. Do you have a pet?
13. What is your pet's name?
14. What do you do?
15. When is your birthday?
16. What time do you usually get up?
17. What time do you usually have lunch?
18. What is your daily routine?
19. Do you like fruits? What is your favorite fruit?
20. What time do you usually do your homework?
21. What is the weather like today?
22. What is your favorite season?
23. What are you wearing now?
24. Where were you yesterday?

25. When were you born?

26. How was your weekend?

27. What was the weather like yesterday?

28. Were you in your house yesterday? Why?

29. Was your mother in the park yesterday? Where was she?

30. Who was with you yesterday?