

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?**