

FINAL ORAL PRACTICE

Flyers

1. What is your name?

My name is

2. What is your last name?

My last name is

3. How do you spell your name?

It is

4. Do you have a nick name?

Yes, I do. / No, I don't.

5. What is your nick name?

My nick name is

6. Where are you from?

I am from

7. How old are you?

I amyears old.

8. Do you have a cell-phone number?

Yes, I do. / No, I don't.

9. What is your cell-phone number?

My cellphone number is.....

10. What is your favorite color?

My favorite color is

11. What is your favorite food?

My favorite food is.....

12. Do you have a pet?

Yes, I do. / No, I don't.

13. What is your pet's name?

My pet's name is.....

14. What do you do?

I am a student.

15. When is your birthday?

My birthday is on.....

16. What time do you usually get up?

I usually get up at.....

17. What time do you usually have lunch?

I usually have lunch at.....

18. What is your daily routine?

19. Do you like fruits? What is your favorite fruit

Yes, I do. My favorite fruit is....

20. What time do you usually do your homework?

I usually do homework at.....

21. What is the weather like today?

It is

22. What is your favorite season?

My favorite season is

23. What are you wearing now?

I am wearing.....

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?

31. What did you do yesterday?

32. What did you eat last Monday?

33. Did you take a shower yesterday?

34. Where did you go last Sunday

35. What did you do 5 days ago?

36. Where did you travel 7 years ago?

37. What did you drink yesterday?

38. What did your parents buy for you last Christmas?

39. Where did you eat lunch yesterday?

40. When did you take a shower?

41. Where did you go on your last vacation?

42. Who did you visit to last year?