

Initial Evaluation Test Name:

1. CIRCLE THE DAYS OF THE WEEK:

| | | | | |
|-----------|----------|--------|--------|---------|
| January | Saturday | April | Monday | Tuesday |
| Wednesday | Thursday | Friday | June | Sunday |

2. Match:

WINGS

FEATHERS



BEAK

3. Look and tick:



1

She can play tennis.

She can't play tennis.



4

He can play basketball.

He can't play basketball.



2

He can row.

He can't row.



5

He can rollerblade.

He can't rollerblade.



3

She can play football.

She can't play football.

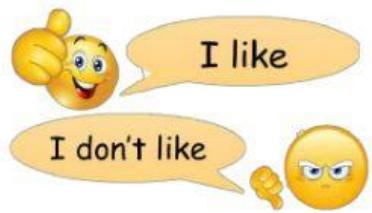


6

She can skateboard.

She can't skateboard.

4. Name 2 foods you like and 2 foods you don't like.



1 fruit juice



2 water



3 sandwiches



4 chicken



5 salad



6 yoghurt



7 crisps



8 chocolate



9 strawberries



10 ice cream

I like _____ and _____.

I don't like _____ and _____.

