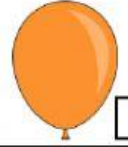
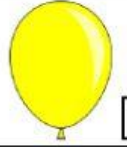
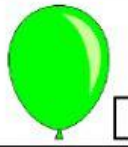
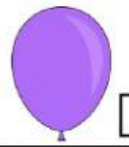
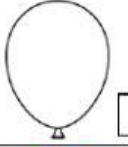
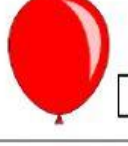
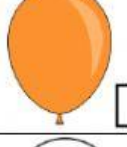
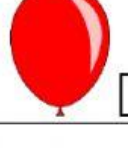
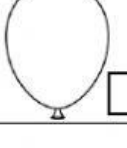
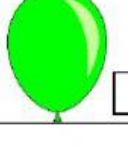
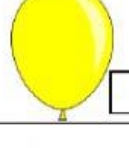


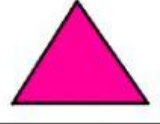
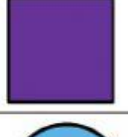
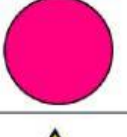
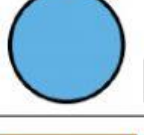
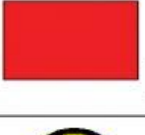
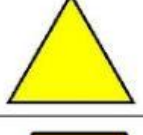
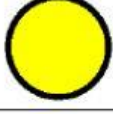
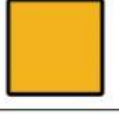
GRADE 1 ISLANDS STARTER ASSESTMENT TEST PART 1

27.01.2020

A- **COLOURS** Listen and tick.

|    |                                                                                     |                                                                                                              |                                                                                                              |                                                                                                               |                                                                                                                |
|----|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1- |    |  <input type="checkbox"/>   |  <input type="checkbox"/>   |  <input type="checkbox"/>   |  <input type="checkbox"/>   |
| 2- |    |  <input type="checkbox"/>   |  <input type="checkbox"/>   |  <input type="checkbox"/>   |  <input type="checkbox"/>   |
| 3- |    |  <input type="checkbox"/>   |  <input type="checkbox"/>   |  <input type="checkbox"/>   |  <input type="checkbox"/>   |
| 4- |   |  <input type="checkbox"/>  |  <input type="checkbox"/>  |  <input type="checkbox"/>  |  <input type="checkbox"/>  |
| 5- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |

B- **SHAPES** Listen and tick.

|    |                                                                                     |                                                                                                              |                                                                                                              |                                                                                                                |
|----|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 2- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 3- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 4- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |

C- NUMBERS Listen and tick.

|     |                                                                                     |                             |                             |                             |
|-----|-------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1-  |    | 5 <input type="checkbox"/>  | 0 <input type="checkbox"/>  | 7 <input type="checkbox"/>  |
| 2-  |    | 8 <input type="checkbox"/>  | 3 <input type="checkbox"/>  | 6 <input type="checkbox"/>  |
| 3-  |    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 9 <input type="checkbox"/>  |
| 4-  |    | 2 <input type="checkbox"/>  | 8 <input type="checkbox"/>  | 12 <input type="checkbox"/> |
| 5-  |    | 14 <input type="checkbox"/> | 1 <input type="checkbox"/>  | 16 <input type="checkbox"/> |
| 6-  |   | 20 <input type="checkbox"/> | 15 <input type="checkbox"/> | 5 <input type="checkbox"/>  |
| 7-  |  | 13 <input type="checkbox"/> | 2 <input type="checkbox"/>  | 0 <input type="checkbox"/>  |
| 8-  |  | 11 <input type="checkbox"/> | 6 <input type="checkbox"/>  | 17 <input type="checkbox"/> |
| 9-  |  | 9 <input type="checkbox"/>  | 12 <input type="checkbox"/> | 11 <input type="checkbox"/> |
| 10- |  | 2 <input type="checkbox"/>  | 5 <input type="checkbox"/>  | 8 <input type="checkbox"/>  |
| 11- |  | 3 <input type="checkbox"/>  | 19 <input type="checkbox"/> | 20 <input type="checkbox"/> |
| 12- |  | 10 <input type="checkbox"/> | 14 <input type="checkbox"/> | 13 <input type="checkbox"/> |
| 13- |  | 15 <input type="checkbox"/> | 1 <input type="checkbox"/>  | 6 <input type="checkbox"/>  |

D- **FAMILY** Listen and tick.

|    |                                                                                   |                                                                                                            |                                                                                                            |                                                                                                              |
|----|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 1- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 2- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 3- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |

E- **SCHOOL** Listen and tick.

|    |                                                                                     |                                                                                                              |                                                                                                              |                                                                                                                |
|----|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1- |   |  <input type="checkbox"/>  |  <input type="checkbox"/>  |  <input type="checkbox"/>  |
| 2- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 3- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 4- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 5- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
| 6- |  |  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |