

Your name:

Exercise 1. Write the words.

Wednesday	study at school	Friday	Tuesday	listen to music
Saturday	do housework	Monday	Sunday	Thursday

			
1.	2.	3.	4.
			
5.	6.	7.	8.
			
9.		10.	

Exercise 2: Look , read and tick TRUE or FALSE in the box.

1



TRUE FALSE

1. What time is it?
It's nine o'clock.

2



TRUE FALSE

2. What time do you go home?
I go to school at 5 o'clock.

3



TRUE FALSE

3. What day is it today?
It's Sunday.

4



TRUE FALSE

4. What day is it today?
It's Monday.

5



TRUE FALSE

5. What day is it today?
It's Friday.

6



TRUE FALSE

6. What day is it today?
It's Thursday

Exercise 3. Odd one out

1. a. black	b. grey	c. pink	d. eraser
2. a. art room	b. music room	c. school	d. classroom
3. a. bus	b. kitchen	c. bedroom	d. dining room
4. a. bird	b. kite	c. cat	d. dog
5. a. football	b. tennis	c. basketball	d. water

Exercise 4. Match

1. What time do you get up?	a. I do housework
2. How do you go to school?	b. I walk to school.
3. Do you have breakfast every day?	c. I go to bed at 10 p.m
4. What do you do on Tuesdays?	d. I get up at 7:00 o'clock
5. What time do you go to bed?	e. Yes, I do. I have bread and eggs for breakfast.

LISTENING

Part 1. Listen and number, there is one example.

 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>
 <input type="text"/>	 <input type="text"/>	 <input type="text" value="1"/>	

Part 2. Listen and tick or cross . There is one example.

1.  <input checked="" type="checkbox"/>	2.  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3.  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	4.  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
5.  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	6.  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
7.  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	8.  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>