

OXFORD 1 ○ UNIT 2 TEST. Surname:

Name: level 1st. Group: Date:/...../..... N°:.....

	24		
--	----	--	--

Reading and Writing

1 **Read and circle.**

/8 marks

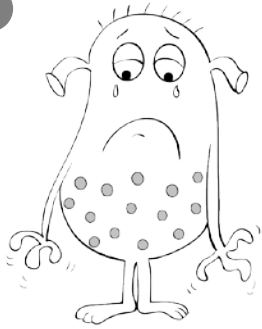
1



2



3



4



- 1 I can touch my legs / head. I'm sad / happy.
- 2 I can shake my hands / body. I'm worried / tired.
- 3 I can move my fingers / toes. I'm sad / worried.
- 4 I can stamp my legs / feet. I'm happy / tired.

2 **Look and write.**

/8 marks

1



I can move my _____.

I'm _____.

2



I can stamp my _____.

I'm _____.

3



I can touch my _____.

I'm _____.

4

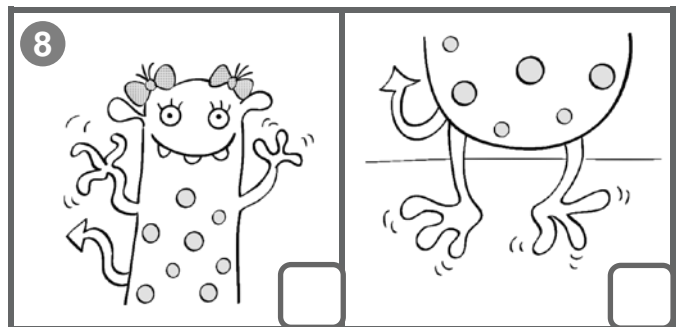
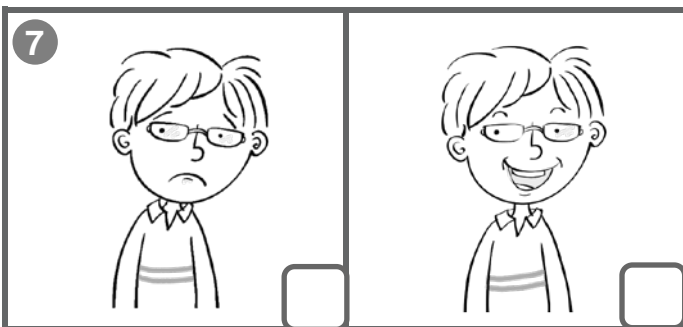
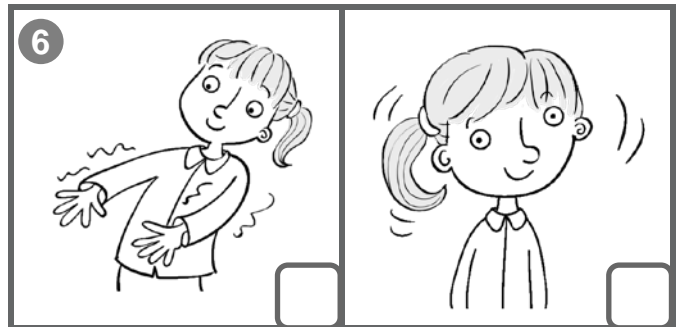
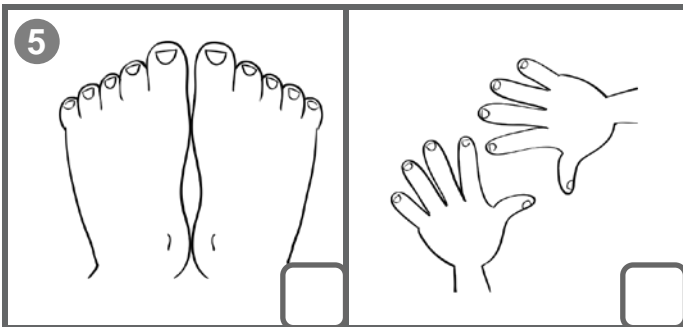
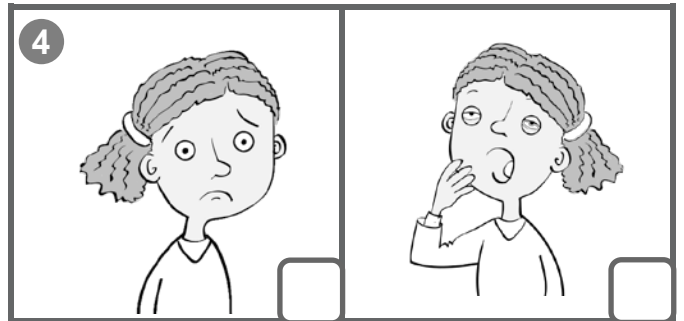
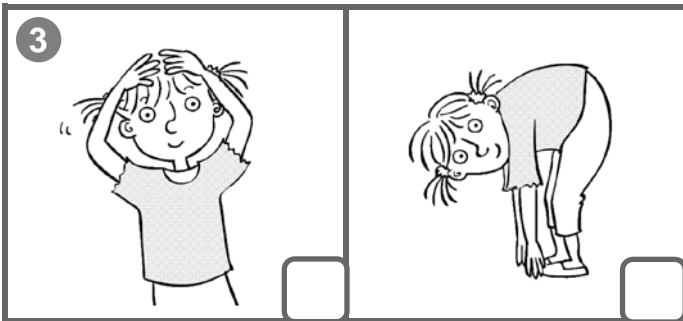
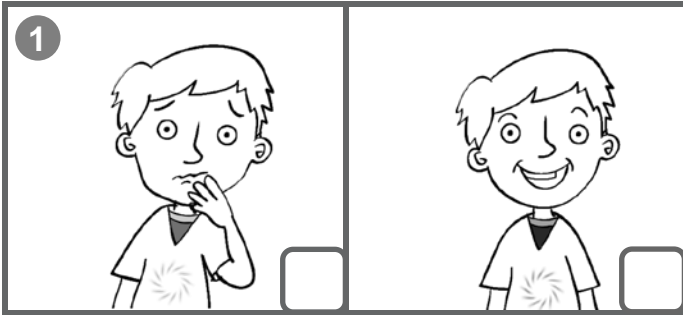


I can shake my _____.

I'm _____.

3   Listen and tick ✓.

/8 marks



Total for test ___ / 24 marks

