

First name : _____ Date: _____

ENGLISH ACTIVITY with the reader MP3

1) Listen to the "presentation 2" and complete the following table.

first name	
place	
date of birth	
age	
family: brother? sister?	
pets	
colours	

2) Make a recording : menu REC

FIRST NAME - AGE - PLACE

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ENGLISH ACTIVITY with the reader MP3

1) Listen to the "presentation 2" and complete the following table.

first name	
place	<input type="checkbox"/> France <input type="checkbox"/> England <input type="checkbox"/> Ireland <input type="checkbox"/> Australia
date of birth	
age	<input type="checkbox"/> 18 years old <input type="checkbox"/> 20 years old <input type="checkbox"/> 21 years old <input type="checkbox"/> 23 years old
family: brother? sister?	<input type="checkbox"/> one brother <input type="checkbox"/> two brothers <input type="checkbox"/> four sisters <input type="checkbox"/> two sisters
pets	<input type="checkbox"/> one dog <input type="checkbox"/> two cats <input type="checkbox"/> two mice <input type="checkbox"/> two rabbits
colours	<input type="checkbox"/> green <input type="checkbox"/> blue <input type="checkbox"/> purple <input type="checkbox"/> yellow

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1) Listen to the "presentation 2" and complete the following table.

first name	
place	<input type="checkbox"/> France <input type="checkbox"/> England <input type="checkbox"/> Ireland <input type="checkbox"/> Australia
date of birth	<input type="checkbox"/> 20 th may 1990 <input type="checkbox"/> 2 nd october 1986 <input type="checkbox"/> 31 st july 1990 <input type="checkbox"/> 23 rd January 1991
age	<input type="checkbox"/> 18 years old <input type="checkbox"/> 20 years old <input type="checkbox"/> 21 years old <input type="checkbox"/> 23 years old
family: brother? sister?	<input type="checkbox"/> one brother <input type="checkbox"/> two brothers <input type="checkbox"/> four sisters <input type="checkbox"/> two sisters
pets	<input type="checkbox"/> one dog <input type="checkbox"/> two cats <input type="checkbox"/> two mice <input type="checkbox"/> two rabbits
colours	<input type="checkbox"/> green <input type="checkbox"/> blue <input type="checkbox"/> purple <input type="checkbox"/> yellow

2) Make a recording : menu REC

FIRST NAME - AGE - PLACE

First name : _____ Date: _____

ENGLISH ACTIVITY with the reader MP3

1) Listen to the "presentation 2" and complete the following table.

What is her first name?	
Where does she live?	
Where was she born?	
When was she born?	
How old is she?	
Has she got any brother or sister?	
Which colours does she like?	

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