

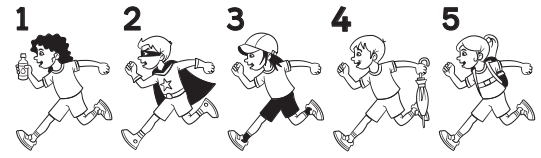
4 TEST

DATE: _____ CLASS: _____

NAME:

1 Listen, read and tick (✓).

- | | | |
|---|----------------------------------------|------------------------------------------|
| 1 | <input type="checkbox"/> Yes, she has. | <input type="checkbox"/> No, she hasn't. |
| 2 | <input type="checkbox"/> Yes, he has. | <input type="checkbox"/> No, he hasn't. |
| 3 | <input type="checkbox"/> Yes, she has. | <input type="checkbox"/> No, she hasn't. |
| 4 | <input type="checkbox"/> Yes, he has. | <input type="checkbox"/> No, he hasn't. |
| 5 | <input type="checkbox"/> Yes, she has. | <input type="checkbox"/> No, she hasn't. |



2 Look at activity 1. Write.

- | | | | |
|---|----------------------------|---|---------------------|
| 1 | She's got a w_____ b_____. | 4 | He's got an u_____. |
| 2 | He's got a c_____. | 5 | She's got a b_____. |
| 3 | She's got a c_____. | | |
- _____ / 5

3 Write the questions in order. Look and write the answers.

Yes, I have. No, I haven't.

- | | | | |
|---|------------------------------------------|-------|-------|
| 1 | got / Have / a / backpack / you / ? | _____ | _____ |
| 2 | a / Have / you / first aid kit / got / ? | _____ | _____ |
| 3 | umbrella / Have / got / you / an / ? | _____ | _____ |
| 4 | a / Have / you / got / costume / ? | _____ | _____ |
| 5 | medal / you / Have / got / a / ? | _____ | _____ |

_____ / 5
TOTAL _____ / 15