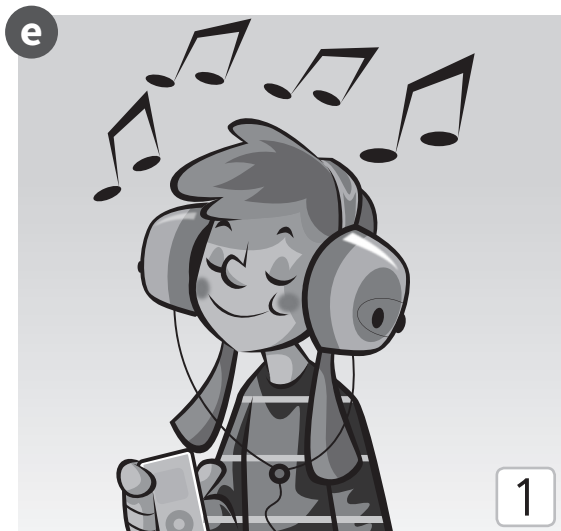


2 My week

Name: Class:

1 Listen and number.

Mark ____ / 5



2 Read and circle.

Mark ____ / 5

- | | | |
|---|--|-------------------------------------|
| 1 | You <u>must</u> / <i>mustn't</i> do your homework after dinner. | <input checked="" type="checkbox"/> |
| 2 | You <i>must</i> / <i>mustn't</i> watch TV all day. | <input type="checkbox"/> |
| 3 | You <i>must</i> / <i>mustn't</i> play football in the living room. | <input type="checkbox"/> |
| 4 | You <i>must</i> / <i>mustn't</i> tidy your bedroom on Saturdays. | <input checked="" type="checkbox"/> |
| 5 | You <i>must</i> / <i>mustn't</i> take an umbrella when it's raining. | <input checked="" type="checkbox"/> |
| 6 | You <i>must</i> / <i>mustn't</i> jump on your bed. | <input type="checkbox"/> |

Total unit mark ____ / 10