Nom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Checklist: Réprise

(please place a check when you have mastered each objectif)

|  |  |  |  |
| --- | --- | --- | --- |
| **Je peux…** | **trés bien** | **avec un peu de l’aide** | **mais je dois reviser** |
| count |  |  |  |
| give the date and tell time |  |  |  |
| talk about the weather |  |  |  |
| describe various things you own |  |  |  |
| talk about places where you often go |  |  |  |
| talk about your daily activities |  |  |  |
| say what you like and don't like to do |  |  |  |