



Universidad del sureste

Lic. En medicina veterinaria y zootecnia

Ingles I

Self Assesment

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I can	Very well	OK	A little
Listen to and understand prices and questions with <i>how much</i> (Ex. 1)	X	<input type="checkbox"/>	<input type="checkbox"/>
Ask and answer questions about prices (Ex. 1)	X	<input type="checkbox"/>	<input type="checkbox"/>
Give opinions using adjectives (Ex. 1, 2)	X	<input type="checkbox"/>	<input type="checkbox"/>
Talk about preferences and make comparisons with adjectives (Ex. 2)	X	<input type="checkbox"/>	<input type="checkbox"/>
Ask and answer questions about entertainment using the simple present (Ex. 3)	X	<input type="checkbox"/>	<input type="checkbox"/>
Make invitations and excuses with <i>would like to + verb</i> (Ex. 4)	X	<input type="checkbox"/>	<input type="checkbox"/>

	Me	My classmate
When do you usually watch Tv?	Usually I watch tv after I go to bed	At the dinner in the afternoon
What kinds of programs do you like?	I like nature and comedy programs	I like soap operas and cartoons
Do you like reality shows?	No I don't like it	No, I don't like it
Do you listen to the radio?	Sometimes while I'm driving	No, I don't listen to it
Who is you favorite singer?	Andrea Bocelli Is my favorite singer	Belinda is my favorite singer
What do you think of salsa?	I don't like to dance	I like the music
What is your favorite movie?	Django Is my favorite western movie	Story of a marriage is my favorite movie
What kinds of movies do you dislike?	Comedy and romantic movies	Terror and action movies
Do you like science fiction?	Yes, I like them a lot	I like them a little

Make up three invitations

Would you like to go to the cinema?

Would you like to go countryside?

Would you like to go on a walk?

Write three response cards.

I'd love to, but I have to bath my golden fish

I'd like to, but I have to end my thesis in one night

Perfect, I'm in what day do you want to meet



Health and Fitness Quiz

How healthy and fit do you think you are? Skim the questions below. Then guess your health and fitness score from 0 (very unhealthy) to 55 (very healthy).

Your Food and Nutrition Points

1. How many meals do you eat each day?

- Four or five small meals 5
 Three meals 3
 One or two meals 0

2. How often do you eat at regular times during the day?

- Almost always 5
 Usually 3
 Hardly ever 0

3. How many servings of fruits or vegetables do you eat each day?

- Five or more 5
 One to four 3
 None 0

4. How much junk food do you eat?

- Very little 5
 About average 3
 A lot 0

5. Do you take vitamins?

- Yes, every day 5
 Sometimes 3
 No 0

Your Fitness Points

6. How often do you exercise or play a sport?

- Three or more days a week 5
 One or two days a week 3
 Never 0

7. Which best describes your exercise program?

- Both weight training and aerobic exercise 5
 Either weight training or aerobic exercise 3
 None 0

8. How important is your fitness program to you?

- Very important 5
 Fairly important 3
 Not very important 0

Your Health Points

9. Which best describes your weight?

- Within 6 pounds (3 kg) of my ideal weight 5
 Within 10 pounds (4.5 kg) of my ideal weight 3
 More than 12 pounds (5.5 kg) over or under my ideal weight 0

10. How often do you get a physical exam?

- Once a year 5
 Every two or three years 3
 Rarely 0

11. How often do you sleep well?

- Always 5
 Usually or sometimes 3
 Hardly ever or never 0

Rate yourself Total Points

46 to 55: Excellent job! Keep up the good work!

31 to 45: Good! Your health and fitness are above average.

16 to 30: Your health and fitness are a little below average.

15 or below: You can improve your health and fitness.

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I can	Very well	OK	A little
Listen to, understand, and describe people's actions (Ex. 1, 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask and answer questions using the present continuous (Ex. 2, 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe family life using determiners (Ex. 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe routines using adverbs of frequency (Ex. 4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk about abilities using <i>how</i> questions (Ex. 4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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A: Do you ever play computer games?

B: yes, I do twice a week

C: what's your favorite game?

B: I like Fallout game series

D: how well do you play it?

B: I think I'm good it's not hard

A: when do you play it?

B: usually on weekends before I go to bed

C: how often do you play it?

B: rarely

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I can	Very well	OK	A little
Listen to and understand the simple past and past of <i>be</i> (Ex. 1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe events using the past tense (Ex. 1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask and answer questions using the simple past (Ex. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask and answer questions using the past of <i>be</i> (Ex. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the locations of places with <i>there is/are; one, any, some</i> (Ex. 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk about neighborhoods with <i>how many/much</i> and quantifiers (Ex. 4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A Can you remember what you did yesterday? Check (✓) the things you did. Then add two other things you did.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> got up early | <input type="checkbox"/> went shopping | <input checked="" type="checkbox"/> did the dishes | <input checked="" type="checkbox"/> went to bed late |
| <input type="checkbox"/> went to class | <input type="checkbox"/> ate at a restaurant | <input checked="" type="checkbox"/> watched TV | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> made phone calls | <input checked="" type="checkbox"/> did the laundry | <input checked="" type="checkbox"/> exercised | <input type="checkbox"/> |

A Create a neighborhood. Add five more places to the map labeled “My map.” Choose from this list.

My map

