








# ENGLISH EXAM

## Listening

Name: _____ Surname: _____ N <sup>ber</sup> : _____ Grade/Class: _____	
Assessment: _____	Date: _____
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Teacher's signature: _____ Parent's signature: _____

### 1. Listen and choose.

1. Touch your \_\_\_\_\_.

a. b.

2. Wave your \_\_\_\_\_.

a. b.

3. Clap your \_\_\_\_\_.

a. b.

4. Stamp your \_\_\_\_\_.

a. b.

5. Point to your \_\_\_\_\_.

a. b.



# ENGLISH EXAM

## Listening

**Script:**

1. Touch your nose.
2. Wave your arm.
3. Clap your hands.
4. Stamp your feet.
5. Point to your head.