








ENGLISH EXAM

Listening

Name: _____ Surname: _____ N ^{ber} : _____ 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 tick.

1

2



ENGLISH EXAM

Listening

Script:

1. Hi! My name's Molly. I have got one eye, two teeth, two arms and three legs.
2. Hi! My name's Trip. I have got two eyes, seven teeth, two arms. I haven't got legs.