



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"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature:</td> <td style="width: 50%; text-align: center;">Parent's signature:</td> </tr> <tr> <td style="height: 40px;">_____</td> <td style="height: 40px;">_____</td> </tr> </table>	Teacher's signature:	Parent's signature:	_____	_____
Teacher's signature:	Parent's signature:				
_____	_____				

1. Listen and fill in the blanks.

1. I	with my
2. I	with my
3. I	with my
4. I	with my
5. I	with my

2. Match the sentences with the pictures.





ENGLISH EXAM

Listening

Script:

1. I	Hear	with my	ears.
2. I	See	with my	Eyes.
3. I	Taste	with my	Tounge.
4. I	Smell	with my	Nose.
5. I	Touch	with my	Hands.

