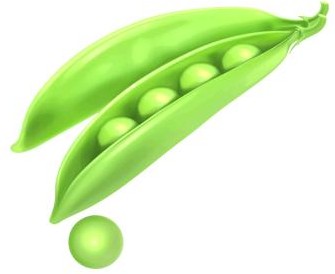
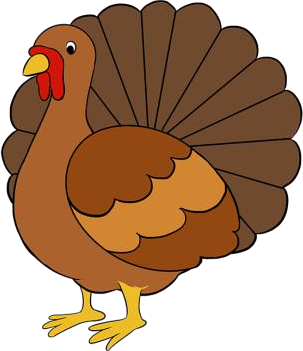
ENGLISH EXAM

Listening

|  |  |  |
| --- | --- | --- |
| **Name: Surname: Nber: Grade/Class:** | | |
| **Assessment:** | **Date:** | |
| **Teacher’s signature:**  **\_** | **Parent’s signature:** |

**1. Listen and tick**





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Assessing EFL Students