ENGLISH EXAM

Listening

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

**1. Listen and tick**



⚪ ⚪ ⚪



⚪ ⚪ ⚪



⚪ ⚪ ⚪



Assessing EFL Students