








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 colour

