

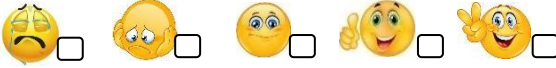


Listening

Name: _____ Surname: _____ N°: _____ Grade/Class: _____

Assessment: _____

Date: _____



Teacher's signature: _____

Parent's signature: _____

1. Listen and colour.

