







Listening Transcription



Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____		
Assessment: _____		Date: _____
 <input type="checkbox"/>	 <input type="checkbox"/>	Teacher's signature: _____
 <input type="checkbox"/>	 <input type="checkbox"/>	

1. Listen and complete

1. 40
2. Pretty
3. Blonde
4. 45
5. Small
6. Strong
7. one
8. Sisters
9. Ten
10. Together
11. Grandparents