

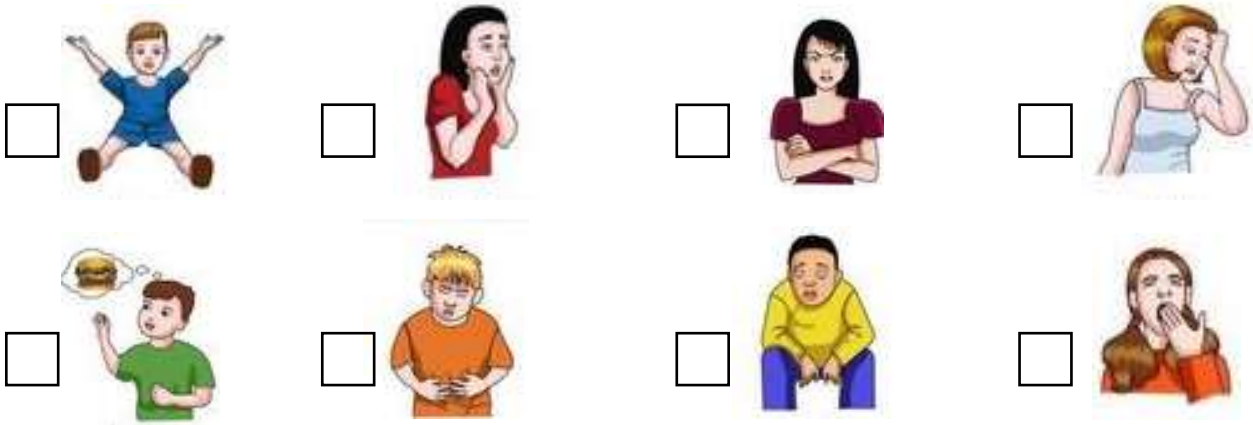


# ENGLISH EXAM

## LISTENING

Name: _____ Surname: _____ N <sup>ber</sup> : ____ Grade/Class: ____					
Assessment: _____	Date: _____				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature:</td> <td style="width: 50%; text-align: center;">Parent's signature:</td> </tr> <tr> <td style="height: 40px;"> </td> <td style="height: 40px;"> </td> </tr> </table>	Teacher's signature:	Parent's signature:		
Teacher's signature:	Parent's signature:				

### 1) Listen and number.



### 2) Listen and circle the one you DON'T hear.





### TRANSCRIPT

#### EXERCISE 1

1. Sick
2. Happy
3. Hungry
4. Sad
5. Sleepy
6. Tired
7. Angry
8. Worried

#### EXERCISE 2

1. Happy, Sleepy, Sick
2. Hungry, Angry, Sad
3. Sick, Tired, Worried
4. Sad, Sleepy, Happy