








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: _____

Listen and write the correct number in the box





Transcript:

Number 1 is a frying pan

Number 2 is a sink

Number 3 is a table

Number 4 is a plate

Number 5 is a telephone

Number 6 is a carpet

Number 7 is a fork

Number 8 is a spoon

Number 9 is a mug