




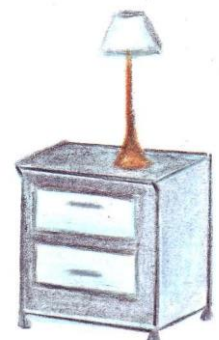
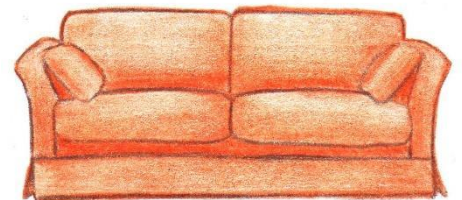




Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____	
Assessment: _____	Date: _____
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Teacher's signature: _____ Parent's signature: _____

Listen and add the correct numbers from 1 to 9 in the boxes.



Transcript:



ENGLISH EXAM

Listening



1. A sofa
2. A rug
3. A bed
4. A lamp
5. A desk
6. A bedside table
7. A chair
8. A bookcase
9. A table