








# 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"/>	Teacher's signature: _____ Parent's signature: _____

### 1. Answer the questions.



How are you?

You



What is your name?

You



How old are you?

You



Where are you from?

You



What is your nationality?

You