



ENGLISH EXAM

Listening



| | | | |
|--|---|-------------------------------|------------------------------|
| Name: _____ Surname: _____ N ^{ber} : _____ 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> </table> | Teacher's signature: _____ | Parent's signature: _____ |
| Teacher's signature: _____ | Parent's signature: _____ | | |

1. Spell the names to your partner.

| | | | | | | |
|-----------|-----------|---------------------------|--------|---------------------------|-------|---------------------------|
| | Elizabeth | | Hiroki | | Kerem | |
| Student A | | (My partner's answer) | | (My partner's answer) | | (My partner's answer) |





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1. Spell the names to your partner.

| | | | | | | |
|-----------|---------------------------|---------|---------------------------|--------|---------------------------|-----------|
| | | Jessica | | Gustav | | Valentina |
| Student B | (My partner's answer) | | (My partner's answer) | | (My partner's answer) | |

