








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"> <tr> <td>Teacher's signature: _____</td> <td>Parent's signature: _____</td> </tr> </table> | Teacher's signature: _____ | Parent's signature: _____ |
| Teacher's signature: _____ | Parent's signature: _____ | | |

Listen and fill in the blanks.



My name is _____. I am a _____. I work in a _____.



My name is _____. I am a _____. I work in a _____.



My name is _____. I am a _____. I work in a _____.



My name is _____. I am a _____. I work in an _____.



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Listening

Transcript:

My name is **Donna**. I am a **waitress**. I work in a **restaurant**.

My name is **Tom**. I am a **policeman**. I work at a **police station**.

My name is **Jim**. I am a **doctor**. I work in a **hospital**.

My name is **David**. I am a **businessman**. I work in an **office**.