




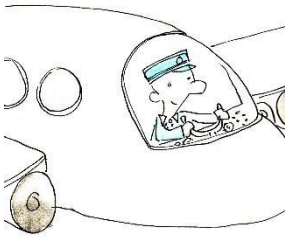
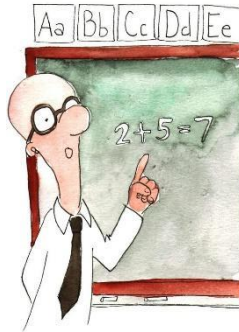




Name: _____ Surname: _____ N ^{ber.} : _____ Grade/Class: _____	
Assessment: _____	Date: _____
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Teacher's signature: _____ Parent's signature: _____

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





ENGLISH EXAM

Listening



Transcript:

1. Doctor
2. Postman
3. Bus driver
4. Actor
5. Chef
6. Pilot
7. Writer
8. Businessman
9. Teacher