








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

1. Listen and match.

8 o'clock ●



3 o'clock ●



5 o'clock ●



8 o'clock ●



10 o'clock ●

