

ENGLISH EXAM

Listening

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| **Name: Surname: Nber: Grade/Class:**  |
| **Assessment:**   | **Date:**  |
| **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 |



Assessing EFL Students