

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