








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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Teacher's signature:</td> <td style="width: 50%; text-align: center;">Parent's signature:</td> </tr> <tr> <td style="height: 40px;">_____</td> <td style="height: 40px;">_____</td> </tr> </table>	Teacher's signature:	Parent's signature:	_____	_____
Teacher's signature:	Parent's signature:				
_____	_____				

1. Listen and order.



2. Listen and complete.

Time	Activity
Eight o' clock in the morning	G_t u_
Twelve o' clock in the afternoon	H_v_ l_n_h
Four o' clock in the afternoon	D_ _y h_m_w_r_
Nine o' clock in the evening	_a_e d_n_e_