








# ENGLISH EXAM

## Listening



Name: _____ Surname: _____ N <sup>ber</sup> : _____ 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> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

### 1. Listen and order.



\_\_ BRUSH MY HAIR



\_\_ PLAY FOOTBALL



\_\_ DO EXERCISE



\_\_ DO MY HOMEWORK



\_\_ WAKE UP