

**1. Listen and order.**



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| --- | --- | --- |
| **Name: Surname: Nber: Grade/Class:** | | |
| **Assessment:** | **Date:** | |
| **Teacher’s signature:** | **Parent’s signature:** |









**ENGLISH EXAM**

Listening

BRUSH MY HAIR

PLAY FOOTBALL

DO EXERCISE

DO MY HOMEWORK

WAKE UP

Assessing EFL Students