








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> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

1. Listen, complete and match.



H _ _ _ A S _ _ _ _ _



H _ _ _ D _ _ _ _ _



W _ _ _ _ T _



S _ _ _ _ _ B _ _



H _ _ _ P _ _ _ T _ _ _ _ _