**1. Listen, complete and match.**

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











**ENGLISH EXAM**

Listening

H \_ \_ \_ A S \_ \_ \_ \_ \_

H \_ \_ \_ D \_ \_ \_ \_ \_

W T \_

S \_ \_ \_ \_ \_ B \_ \_

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

Assessing EFL Students