



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 complete.

Activity	Time
Have breakfast	E _ g _ h t o' _ _ _ c _ i n t _ _ m _ _ n _ _ g
Have lunch	O _ _ o' _ _ o _ _ i n t _ _ a _ _ _ r _ _ o _ _
Do my homework	F _ u _ o' c _ _ _ _ i n t h e a _ _ _ _ _ _ _ _
Play football	S _ v _ _ o' _ _ _ _ _ i n t h e e _ _ n _ _ _ _
Have dinner	N _ _ _ o' _ _ _ _ _ i n t h e e _ _ _ _ _ _ _
Go to sleep	T _ n o' c _ _ _ _ a t n _ _ _ _ _