








Listening Transcription



Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____	
Assessment: _____	Date: _____
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Teacher's signature: _____ Parent's signature: _____

1. Listen and complete.

Activity	Time
Have breakfast	Eight o'clock in the morning
Have lunch	One o'clock in the afternoon
Do my homework	Four o'clock in the afternoon
Play football	Seven o'clock in the evening
Have dinner	Nine o'clock in the evening
Go to sleep	Ten o'clock at night