# ENGLISH EXAM

Listening

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

# 1. Listen and complete.



|  |  |
| --- | --- |
| **Activity** | **Time** |

Have breakfast E \_ g \_ h t o’ \_ \_ \_ c \_ in t\_ \_ m \_ \_ n \_ \_ g

Have lunch O \_ \_ o’ \_ \_ o \_ \_ in t \_ \_ a \_ \_ \_ r \_ \_ o \_

Do my homework F \_ u \_ o’c \_ \_ \_ \_ in the a \_ \_ \_ \_ \_ \_ \_ \_

Play football S \_ v \_ \_ o’\_ \_ \_ \_ \_ in the e \_ \_ n \_ \_ \_

Have dinner N \_ \_ \_ o’ \_ \_ \_ \_ \_ in the e \_ \_ \_ \_ \_ \_

Go to sleep T \_ n o’ c \_ \_ \_ \_ at n \_ \_ \_ \_

Assessing EFL Students