








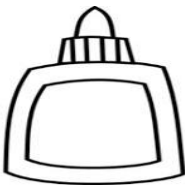
# ENGLISH EXAM

## Listening



Name: _____ Surname: _____ N <sup>ber</sup> : _____ 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 match.





# ENGLISH EXAM

## Listening

### Script

A yellow notebook

An orange dustbin

A pink glue

A grey chair

A blue sharpener