








# 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"/>	<b>Teacher's signature:</b> _____ <b>Parent's signature:</b> _____

### 1. Listen and match.

TOM

MARÍA

LUCY

MARTHA

JOHN

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