

Listening test

Name : _____ Date : _____

1 Listen and number.



A - _____



B - _____



C - _____



D - _____



E - _____



F - _____



G - _____



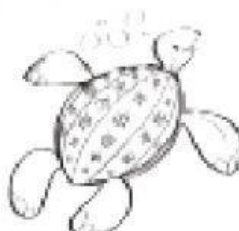
H - _____



I - _____



J - _____



K - _____



L - _____