



**GENERALITAT
VALENCIANA**

CONSELLERIA D'EDUCACIÓ, CULTURA I ESPORT

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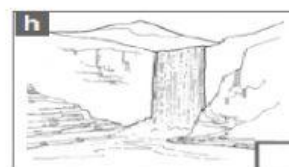
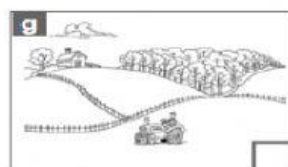
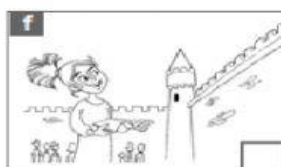
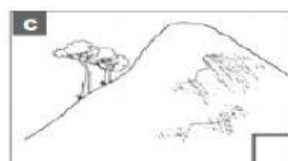
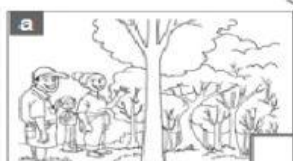
**ENGLISH EXAM. 2nd TERM
5th PRIMARY. UNIT 3**

Name: _____ MARK:
Date: _____ Class: _____

PARENTS
SIGNATURE

LISTENING

1. Listen and number:



2. Listen and circle A or B:

1 A B 2 A B 3 A B 4 A B 5 A B 6 A B

