



Name: _____

Listening

Score:

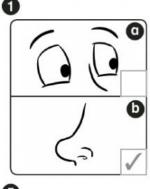


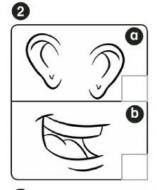


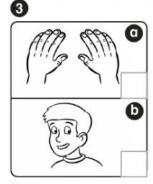




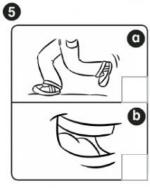
Score:

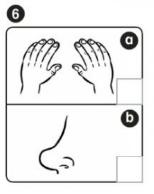


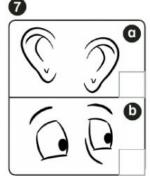


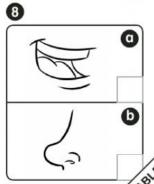
















Name: Class:

Reading

Score:





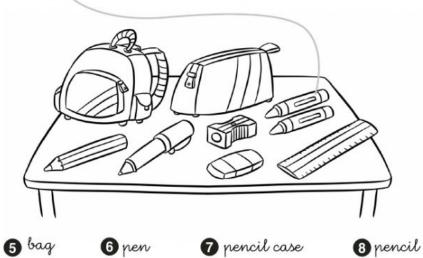
Read and match.







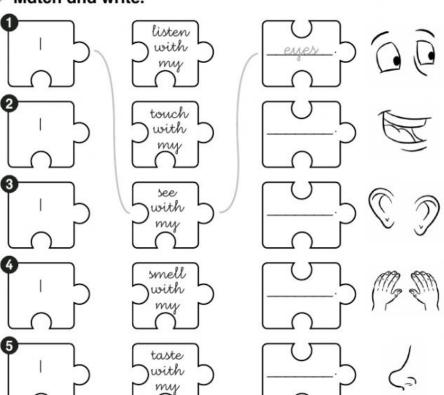




Writing



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LIVEWORKSHEETS





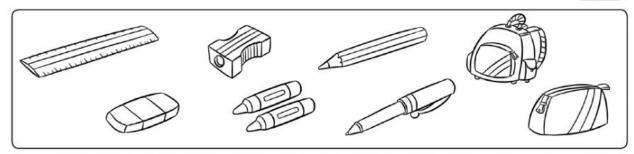
Name: Class:

Speaking

Score:

Name the classroom objects. Say what you do at school.







Name the parts of the body. Say how you use your senses.

Score:



