

# ★ Review 1-4

Name: \_\_\_\_\_

Class: \_\_\_\_\_

②  Listen and tick (X) or cross (✓).

Mark \_\_\_\_\_ / 10

|                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>①  <input checked="" type="checkbox"/></p>                                                      | <p>②  <input type="checkbox"/> <input type="checkbox"/> X <input checked="" type="checkbox"/></p>   | <p>③  <input type="checkbox"/> <input type="checkbox"/> X <input checked="" type="checkbox"/></p>  |
| <p>④  <input type="checkbox"/> <input type="checkbox"/> X <input checked="" type="checkbox"/></p> | <p>⑤  <input type="checkbox"/> <input type="checkbox"/> X <input checked="" type="checkbox"/></p> | <p>⑥  <input type="checkbox"/> <input type="checkbox"/> X <input checked="" type="checkbox"/></p> |

Total review mark \_\_\_\_\_ / 10