

Name: _____

Class: _____

No: _____

UNIT 3
LISTENING



Assessment by	Myself	Friend	Teacher	Parents	Recommendation
Excellent [9-10]					
Good [7-8]					
Fair [5-6]					Sign.
Poor [1-4]					Date:

Telephone Number: 044-461-096, 044-461-061 Fax: 044-461-909 <http://wnwt.ac.th>