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ESP DEPARTMENT **ROOM 207 – BUILDING C** **TEL: 04 35535728**	**LISTENING SKILLS – TERM 1** ***PILOT TEST 2***

ANSWER SHEET

Student's name: ..... ID No.: .....

Class: ..... Date of Birth: .....

PART 1: CONVERSATION LISTENING

1		**6**	
2		**7**	
3		**8**	
4		**9**	
5		**10**	

PART 1: DICTATION LISTENING

1.	**6.**	**11.**	**16.**
2.	**7.**	**12.**	**17.**
3.	**8.**	**13.**	**18.**
4.	**9.**	**14.**	**19.**
5.	**10.**	**15.**	**20.**

LIVEWORKSHEETS