

# Listening Activity

## ENGLISH

Name: \_\_\_\_\_ Date: \_\_\_\_\_ 2023 Score: \_\_\_\_\_ /18%

Listen to the audio. Tick the letter you hear.

|   |                                                       |   |                                                       |   |                                                       |    |                                                       |    |                                                       |
|---|-------------------------------------------------------|---|-------------------------------------------------------|---|-------------------------------------------------------|----|-------------------------------------------------------|----|-------------------------------------------------------|
| 1 | <input type="checkbox"/> A <input type="checkbox"/> K | 4 | <input type="checkbox"/> U <input type="checkbox"/> O | 7 | <input type="checkbox"/> F <input type="checkbox"/> X | 10 | <input type="checkbox"/> J <input type="checkbox"/> G | 13 | <input type="checkbox"/> D <input type="checkbox"/> G |
| 2 | <input type="checkbox"/> B <input type="checkbox"/> E | 5 | <input type="checkbox"/> B <input type="checkbox"/> Z | 8 | <input type="checkbox"/> X <input type="checkbox"/> S | 11 | <input type="checkbox"/> L <input type="checkbox"/> N | 14 | <input type="checkbox"/> H <input type="checkbox"/> K |
| 3 | <input type="checkbox"/> M <input type="checkbox"/> N | 6 | <input type="checkbox"/> T <input type="checkbox"/> C | 9 | <input type="checkbox"/> Z <input type="checkbox"/> V | 12 | <input type="checkbox"/> K <input type="checkbox"/> J | 15 | <input type="checkbox"/> P <input type="checkbox"/> E |

Listen to the audio. Tick the name you hear.

|   |           |           |           |
|---|-----------|-----------|-----------|
| 1 | Green     | Greene    | Grin      |
| 2 | Leigh     | Lee       | Li        |
| 3 | Katharine | Katherine | Catharine |