

Name _____

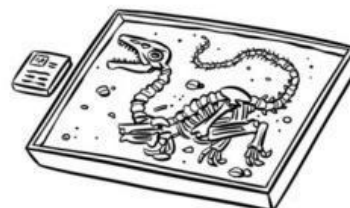
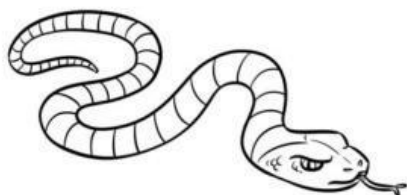
Listening

5  Listen and draw lines.

/7 marks

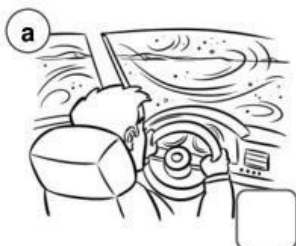


Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday



6  Listen and number.

/7 marks



Total for test ____ / 42 marks

All about my test

How do you feel? Tick ✓.

I am happy with my result.

I am happy, but I can study harder.

I need to study harder.

☐
☐
☐

