

OXFORD 1 ◦ TERM TEST 1. Surname:

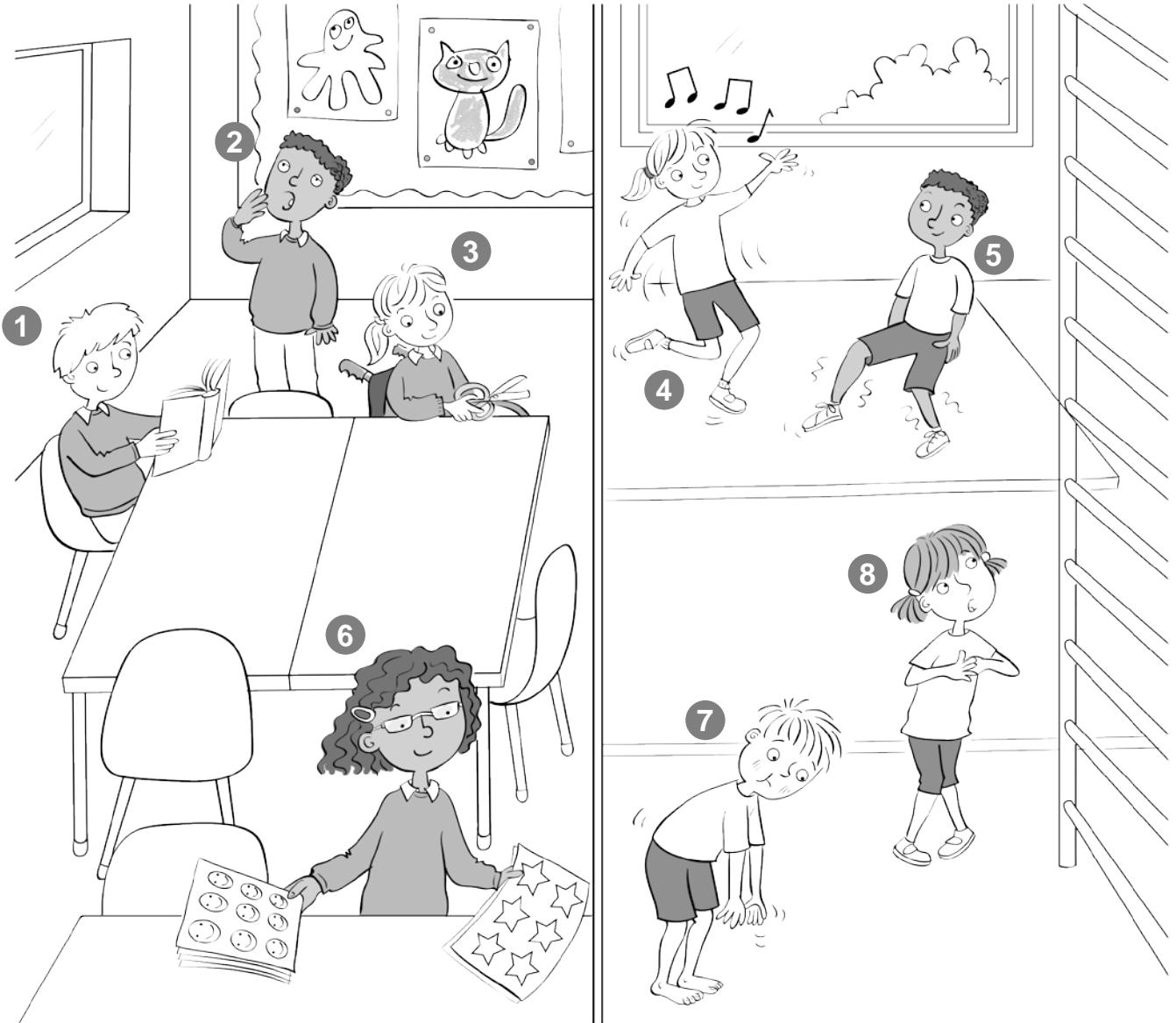
Name: Level 1st. Group: Date:/...../..... N^o:.....

	32			
--	----	--	--	--

Reading and Writing

1  Read and tick ✓ or cross X.

/8 mark



1 I've got a rubber.

5 I can shake my legs.

2 I'm tired.

6 I've got a pencil case.

3 I've got scissors.

7 I can touch my toes.

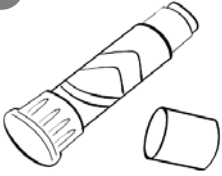
4 I can move my body.

8 I'm happy.

2  Look and write.

/8 marks

1



e l g u

2



g b a

3



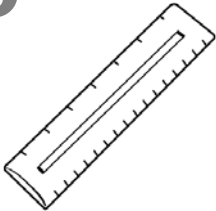
e t f e

4



d s a

5



e r u l r

6



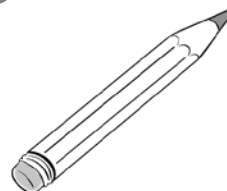
s m r a

7



d i o r e w r

8



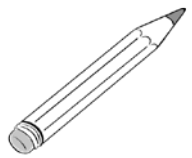

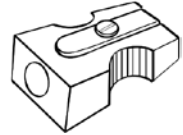
c p n i e l

Total for Reading and Writing ___ / 16 marks




3   Listen and tick ✓.

/8 marks




1

a 	b 	c 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




2

a 	b 	c 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




3

a 	b 	c 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




4

a 	b 	c 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




5

a 	b 	c 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




6

a 	b 	c 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7

a 	b 	c 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8

a 	b 	c 
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total for Listening ___ / 8 marks

4 Talk to your teacher.


/8 marks



Total for Speaking ___ / 8 marks

Total for test ___ / 32 marks

How do you feel about your test?

 Point and draw.

