

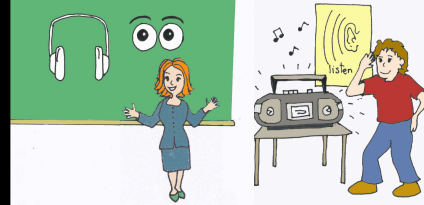

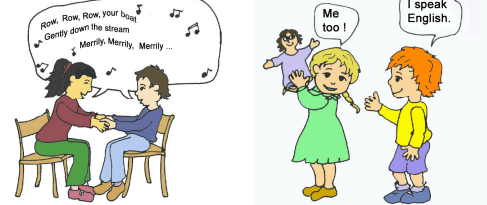


Name : _____

Group : _____

I listen and concentrate	I demonstrate my understanding	 I use English 
		

A. October _____					A.
B. October _____					B.
C. October _____					C.
D. October _____					D.
E. October _____					E.
F. October _____					F.
G. October _____					G.
H. October _____					H.
I. October _____					I.

Self-monitoring tool

Signature d'un parent : _____