

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 : \_\_\_\_\_