受検番号 氏 名

表	合	計	

合 計

リスニングテスト

小	計	
		l

	(1)	1				
		2				
		1				
	(2)	2				
		3				
		質問				
	(3)	1				
		2				
		1				
	(4)	2				
		3				

-	2		ı					
小 計	2		1					
		(1)	2					
,			3					
			1	OK, but I don't l	know (	) (	) (	) it.
		(2)	2	If (	) (	) (	), I would	d go to the nurse's office.
			3	Have (	) (	) (	) the	re?

小 計

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3	(1)	1	
		2	
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		4	
	(2)		

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