

Full name:..... Time : 30 minutes

Class:.....

Minitest 1

I. Look and write the correct words. There is one example.

fever	dentist	sore eye	headache	sweets	toothache
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Example: It's a pain in your tooth.

toothache

1. Your eyes become red.
2. It's a high temperature.
3. You go to see him/her when you have a bad tooth.
4. You have a pain in your head.
5. You have a toothache. You shouldn't eat them.

II. Read and write one word for each gap. There is one example.

0. We often go swimming in summer.
1. Mr Smith often surfs the _____ in the evening.
2. My brother _____ fishing every Sunday.
3. I often _____ karate in the sports centre.
4. I ride my _____ in the park every Sunday.
5. To practise speaking you can talk _____ foreign friends.

III. Order the words.

1. you / do / to / you / what / like / would / grow / up / when

_____?

2. My/ TV /sister/ cartoon /always/English/ on/ watches

_____.

3. is / your / dream / job / Susan / what

_____, _____?

4. old / look / she / people / to / would / like / after

_____.

5. How /Mai /often/ have/ do /you /English/

_____, _____?

IV. Read and tick True or False. There is one example (0).

My name's Nick. I'm from Australia. I live in the countryside with my family. My parents are farmers. I often help them to look after vegetables in the garden in my free time. I like growing vegetables and flowers. I'd like to be a farmer in the future and to work on a farm. I think farming is exciting and interesting. Now I'm studying Science hard at school. I want to be good at Science because it's important for my future job.

0. Nick lives in the city.
1. His parents work in a field.
2. He often helps his parents to look after vegetables in the garden.
3. He'd like to be a worker in the future.
4. He works hard on Science at school.
5. He thinks that Science is important for him in the future.

True	False
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

V. Listen and tick Right or Wrong. There is one example (0).

- | | Right | Wrong |
|---|-------------------------------------|--------------------------|
| 0. Jane comes from London. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1. Her favourite food is fish. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. She eats fish with bread. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. She thinks fish is healthy food. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. She eats sausages every day. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. She drinks a glass of milk at night. | <input type="checkbox"/> | <input type="checkbox"/> |