

File Test 4 Answer Sheet **A**

GRAMMAR

Exercise 1

- | | |
|---|---|
| 1 A <input type="checkbox"/> B <input type="checkbox"/> | 5 A <input type="checkbox"/> B <input type="checkbox"/> |
| 2 A <input type="checkbox"/> B <input type="checkbox"/> | 6 A <input type="checkbox"/> B <input type="checkbox"/> |
| 3 A <input type="checkbox"/> B <input type="checkbox"/> | 7 A <input type="checkbox"/> B <input type="checkbox"/> |
| 4 A <input type="checkbox"/> B <input type="checkbox"/> | |

Exercise 2

- | | |
|---------|---------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | |

Exercise 3

- parents / parents'
- teachers' / teacher's
- James's / James
- Who's / Whose
- the Sergio's / Sergio's
- children's / childrens'

20

VOCABULARY

Exercise 4

- | | |
|---------|---------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | |

Exercise 5

- | | |
|---------|---------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | |

Exercise 6

- | | |
|--------------------|------------------|
| 1 always / usually | 4 never / always |
| 2 never / ever | 5 day / week |
| 3 twice / three | 6 weeks / months |

20

PRONUNCIATION

Exercise 7

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | |

Exercise 8

- | | |
|--------------|----------------|
| 1 t a li an | 4 grand mother |
| 2 heal thy | 5 Sep tem ber |
| 3 some times | |

10

GVP total 50

READING

Exercise 1

- | | |
|--|--|
| 1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| 2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| 3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| 4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |

Exercise 2

- | | |
|---------|---------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | |

15

Reading and Writing total 25

LISTENING

Exercise 1

- | | |
|---|---|
| 1 A <input type="checkbox"/> B <input type="checkbox"/> | 4 A <input type="checkbox"/> B <input type="checkbox"/> |
| 2 A <input type="checkbox"/> B <input type="checkbox"/> | 5 A <input type="checkbox"/> B <input type="checkbox"/> |
| 3 A <input type="checkbox"/> B <input type="checkbox"/> | |

Exercise 2

- 6 o'clock / 4 o'clock
- in May / in April
- every day / six days a week
- She has breakfast. / She gets dressed.
- her son's / her daughter's

10

Listening and Speaking total 25