

File Test 5 Answer Sheet **A**

GRAMMAR

Exercise 1

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

Exercise 2

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

Exercise 3

- | | |
|------------------|------------------------|
| 1 speak / speaks | 4 Do you can / Can you |
| 2 play / to play | 5 no cannot / can't |
| 3 can / can't | 6 I can / can play |

20

VOCABULARY

Exercise 4

- | | |
|---------|---------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | 8 _____ |

Exercise 5

- | | |
|-----------|-----------|
| 1 s _____ | 4 f _____ |
| 2 c _____ | 5 s _____ |
| 3 s _____ | 6 r _____ |

Exercise 6

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

20

PRONUNCIATION

Exercise 7

- | | |
|------------|-------------|
| 1 language | 6 manager |
| 2 English | 7 dangerous |
| 3 spring | 8 thanks |
| 4 windy | 9 autumn |
| 5 change | 10 studying |

Exercise 8

- | | |
|----------------|-------------|
| 1 in stru ment | 4 sta di um |
| 2 par lia ment | 5 pa lace |
| 3 ca the dral | |

10

GVP total 50

READING

Exercise 1

- | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1 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"/> |
| 2 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"/> |
| 3 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"/> |
| 4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | 9 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"/> | |

Exercise 2

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

15

Reading and Writing total 25

LISTENING

Exercise 1

- 1 snowing / hot / raining
- 2 Madrid / Buenos Aires / London
- 3 drive / sleep well / speak different languages at work
- 4 May / October / February
- 5 May / July / October

Exercise 2

- | | |
|---------------------------------------------------------|---------------------------------------------------------|
| 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"/> | |

10

Listening and Speaking total 25