

File Test 4

Answer Sheet **B**

GRAMMAR

Exercise 1

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

Exercise 2

- 1 anything / something / nothing
- 2 Anyone / Someone / Something
- 3 somewhere / anywhere / nothing
- 4 somewhere / anywhere / nowhere
- 5 something / nothing / anything
- 6 somebody / anybody / nobody

Exercise 3

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

 20

VOCABULARY

Exercise 4

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

Exercise 5

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

Exercise 6

- | | |
|-----------|-----------|
| 1 c _____ | 5 a _____ |
| 2 o _____ | 6 f _____ |
| 3 s _____ | 7 r _____ |
| 4 c _____ | |

 20

PRONUNCIATION

Exercise 7

- 1 re|ceipt
- 2 a|ssis|tant
- 3 house|work
- 4 cus|to|mer
- 5 ru|bbish

Exercise 8

- | | |
|---------------|----------------|
| 1 dust _____ | 4 jumper _____ |
| 2 lunch _____ | 5 key _____ |
| 3 said _____ | |

 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"/> | 10 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |

Exercise 2

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

 15

Reading and Writing total 25

LISTENING

Exercise 1

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

Exercise 2

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

 10

Listening and Speaking total 25