

File Test 4 Answer Sheet **B**

GRAMMAR

Exercise 1

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

Exercise 2

- childrens' / children's
- Charles's / Charle's
- friends' / friend's
- Alejandra's / the Alejandra's
- Whose / Who's
- sisters' / sister's

Exercise 3

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

20

VOCABULARY

Exercise 4

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

Exercise 5

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

Exercise 6

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

20

PRONUNCIATION

Exercise 7

- | | |
|----------------|-------------|
| 1 some times | 4 re lax |
| 2 Sep tem ber | 5 I ta lian |
| 3 grand mother | |

Exercise 8

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

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

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

10

Listening and Speaking total 25