

File Test 4 Answer Sheet **B**

GRAMMAR

Exercise 1

- | | |
|---------|----------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ | 10 _____ |

Exercise 2

- | | |
|---------|----------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ | 10 _____ |

20

VOCABULARY

Exercise 3

- | | |
|------------|------------|
| 1 sw _____ | 6 h _____ |
| 2 w _____ | 7 en _____ |
| 3 c _____ | 8 m _____ |
| 4 h _____ | 9 r _____ |
| 5 t _____ | 10 v _____ |

Exercise 4

- | | |
|---------|----------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ | 10 _____ |

20

PRONUNCIATION

Exercise 5

- mo|no|po|lize
- fru|stra|ting
- in|stru|ment
- di|sa|ppoin|ted
- de|cline

Exercise 6

- listen
- foreign
- island
- whole
- doubt

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 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

15

Reading and Writing total 25

LISTENING

Exercise 1

- 1 ____ 2 ____ 3 ____ 4 ____ 5 ____

Exercise 2

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

10

Listening and Speaking total 25