

File Test 5 Answer Sheet **A**

GRAMMAR

Exercise 1

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

Exercise 2

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

20

VOCABULARY

Exercise 3

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

Exercise 4

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

Exercise 5

- 1 over / up
- 2 close / personal
- 3 met / knew
- 4 keep in touch / get in touch
- 5 are / have
- 6 get to know / fall out with
- 7 friend / flatmate
- 8 lost / kept in

20

PRONUNCIATION

Exercise 6

- 1 television _____
- 2 snake _____
- 3 shower _____
- 4 horse _____
- 5 bird _____

Exercise 7

- 1 pro|pose
- 2 re|fe|ree
- 3 co||league
- 4 spec|ta|tor
- 5 fi|an|cé

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 _____
- 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