

File Test 6 Answer Sheet **A**

GRAMMAR

Exercise 1

- | | |
|---------|----------|
| 1 _____ | 7 _____ |
| 2 _____ | 8 _____ |
| 3 _____ | 9 _____ |
| 4 _____ | 10 _____ |
| 5 _____ | 11 _____ |
| 6 _____ | 12 _____ |

Exercise 2

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

20

VOCABULARY

Exercise 3

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

Exercise 4

- | | |
|-----------|-------------|
| 1 f _____ | 6 h _____ |
| 2 t _____ | 7 st _____ |
| 3 e _____ | 8 st _____ |
| 4 b _____ | 9 cl _____ |
| 5 n _____ | 10 wh _____ |

20

PRONUNCIATION

Exercise 5

- | | |
|---------|-------|
| 1 chair | _____ |
| 2 egg | _____ |
| 3 fish | _____ |
| 4 bike | _____ |
| 5 phone | _____ |

Exercise 6

- | |
|-----------------|
| 1 hi sto ri cal |
| 2 re view |
| 3 au di ence |
| 4 di rec ted |
| 5 sub ti tles |

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 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