

File Test 7 Answer Sheet **A**

GRAMMAR

Exercise 1

- 1 After / Until
- 2 unless / before
- 3 as soon as / if
- 4 until / when
- 5 unless / if
- 6 if / unless
- 7 as soon as / until
- 8 unless / if

Exercise 2

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

20

VOCABULARY

Exercise 3

- | | |
|-------------|------------|
| 1 t _____ | 6 r _____ |
| 2 all _____ | 7 ch _____ |
| 3 ex _____ | 8 b _____ |
| 4 t _____ | 9 p _____ |
| 5 f _____ | 10 n _____ |

Exercise 4

- 1 cosy fireplace chimney fire
- 2 modern suburb spacious light
- 3 basement ground floor top floor balcony
- 4 cottage house flat entrance
- 5 path floor gate patio

Exercise 5

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

20

PRONUNCIATION

Exercise 6

- 1 bull _____
- 2 up _____
- 3 shower _____
- 4 boot _____
- 5 /ju:/ _____

Exercise 7

- 1 pri|ma|ry
- 2 ex|pelled
- 3 pa|ti|o
- 4 e|le|men|tary
- 5 co||lege

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