

5 Answer sheet

B

GRAMMAR

Exercise 1

- 1 _____
- 2 _____
- 3 _____

Exercise 2

- 1 Do / What
- 2 Do what / What do
- 3 Have do you / Do you have
- 4 Do you / What do you

☐ 10

VOCABULARY

Exercise 3

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

Exercise 4

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

☐ 10

PRONUNCIATION

Exercise 5

- 1 who _____ 4 sugar _____
- 2 have _____ 5 cheese _____
- 3 juice _____

☐ 5

PRACTICAL ENGLISH

Exercise 6

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

☐ 5GPPE total ☐ 30

READING

Exercise 1

- 1 am / am not
- 2 have / don't have
- 3 meat / pasta
- 4 a school / a restaurant
- 5 my computer / my TV
- 6 email / call

Exercise 2

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

☐ 15Reading and Writing total ☐ 25

LISTENING

Exercise 1

- 1 Lynn ☐ John ☐
- 2 Lynn ☐ John ☐
- 3 Lynn ☐ John ☐
- 4 Lynn ☐ John ☐
- 5 Lynn ☐ John ☐

Exercise 2

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

☐ 10Listening and Speaking total ☐ 25