

End-of-course Test Answer Sheet **B**

GRAMMAR

Exercise 1

- 1 don't / 'm not / amn't
- 2 short man / a short man / a man short
- 3 Wayne / Wayne's / Waynes
- 4 Can you / You can / Do you can
- 5 Like you / You do like / Do you like
- 6 to playing / playing / play
- 7 finish work usually / finish usually work / usually finish work
- 8 made we / us made / made us

Exercise 2

- | | |
|---------|----------|
| 1 _____ | 8 _____ |
| 2 _____ | 9 _____ |
| 3 _____ | 10 _____ |
| 4 _____ | 11 _____ |
| 5 _____ | 12 _____ |
| 6 _____ | 13 _____ |
| 7 _____ | 14 _____ |

Exercise 3

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

VOCABULARY

Exercise 4

- | | |
|--|---|
| 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 5

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

Exercise 6

- | | |
|---------|----------|
| 1 _____ | 10 _____ |
| 2 _____ | 11 _____ |
| 3 _____ | 12 _____ |
| 4 _____ | 13 _____ |
| 5 _____ | 14 _____ |
| 6 _____ | 15 _____ |
| 7 _____ | 16 _____ |
| 8 _____ | 17 _____ |
| 9 _____ | 18 _____ |

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PRONUNCIATION

Exercise 7

- | | |
|-------------------|------------------------|
| 1 po lice man | 6 tra di tio nal |
| 2 dan ge rous | 7 chil dren |
| 3 eigh tenth | 8 po ta toes |
| 4 a ddress | 9 a ssis tant |
| 5 ex er cise | 10 re lax |

Exercise 8

- | | | |
|-------|---------|----------|
| four | 1 _____ | 2 _____ |
| go | 3 _____ | 4 _____ |
| third | 5 _____ | 6 _____ |
| three | 7 _____ | 8 _____ |
| late | 9 _____ | 10 _____ |

20

PRACTICAL ENGLISH

- | | | | | | | |
|----|---|--------------------------|---|--------------------------|---|--------------------------|
| 1 | 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"/> |
| 3 | 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"/> |
| 5 | 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"/> |
| 7 | 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"/> |
| 9 | 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"/> |

10

GVPPE total 100

READING

Exercise 1

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9 | Yes | <input type="checkbox"/> | No | <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"/> |
| 2 | 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"/> |
| 4 | 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 | 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"/> |
| 3 | 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"/> |
| 5 | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> |

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Listening and Speaking total 25