

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

American ENGLISH FILE 1

GRAMMAR

Exercise 1

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

Exercise 2

- 1 **some / any**
- 2 **dentist / a dentist**
- 3 **a lot of / a lot**
- 4 **an excellent meal / a meal excellent**
- 5 **careful / carefully**
- 6 **on / in**
- 7 **have always / always have**
- 8 **Let's go / We go**
- 9 **get up / getting up**
- 10 **to study / study**

Exercise 3

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

VOCABULARY

Exercise 4

- | | |
|------------------|-------------------|
| 1 d _____ | 6 b _____ |
| 2 u _____ | 7 s _____ |
| 3 w _____ | 8 r _____ |
| 4 n _____ | 9 p _____ |
| 5 e _____ | 10 b _____ |

Exercise 5

- | | |
|--|---|
| 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 6

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

Exercise 7

- 1 **s** _____
- 2 **h** _____
- 3 **c** _____
- 4 **s** _____
- 5 **c** _____
- 6 **m** _____
- 7 **i** _____
- 8 **c** _____
- 9 **t** _____
- 10 **t** _____
- 11 **m** _____
- 12 **d** _____
- 13 **w** _____
- 14 **g** _____

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PRONUNCIATION

Exercise 8

- | | | | | |
|---------|---|-------|----|-------|
| teacher | 1 | _____ | 2 | _____ |
| wall | 3 | _____ | 4 | _____ |
| shoe | 5 | _____ | 6 | _____ |
| open | 7 | _____ | 8 | _____ |
| red | 9 | _____ | 10 | _____ |

Exercise 9

- | | | | |
|---|----------------|----|--------------|
| 1 | o ppo site | 6 | to ma toes |
| 2 | su per mar ket | 7 | beau ti ful |
| 3 | vege ta bles | 8 | cho colate |
| 4 | en gi neer | 9 | be hind |
| 5 | heal thy | 10 | un der stand |

 20

GVP total 100

READING

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"/> |
| 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"/> |

Exercise 2

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

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

 10

Listening and Speaking total 25