

12 Answer sheet **B**American
ENGLISH FILE 1

GRAMMAR

Exercise 1

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

Exercise 2

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

Exercise 3

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

☐ 20

VOCABULARY

Exercise 4

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

Exercise 5

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

Exercise 6

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

☐ 20

PRONUNCIATION

Exercise 7

- 1 **first** _____
- 2 **shower** _____
- 3 **many** _____
- 4 **happy** _____
- 5 **profession** _____

Exercise 8

- 1 re|lax
- 2 bro|ken
- 3 for|go|tten
- 4 ex|pe|ri|ence
- 5 re|cen|tly

☐ 10GVP total ☐ 50

READING

Exercise 1

- | | |
|--|--|
| 1 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"/> |
| 2 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"/> |
| 3 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"/> |
| 4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |

Exercise 2

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

☐ 15Reading and Writing total ☐ 25

LISTENING

Exercise 1

- | | | |
|---|---|---|
| 1 A <input type="checkbox"/> B <input type="checkbox"/> | 3 A <input type="checkbox"/> B <input type="checkbox"/> | 5 A <input type="checkbox"/> B <input type="checkbox"/> |
| 2 A <input type="checkbox"/> B <input type="checkbox"/> | 4 A <input type="checkbox"/> B <input type="checkbox"/> | |

Exercise 2

- | | | |
|---|---|---|
| 1 A <input type="checkbox"/> B <input type="checkbox"/> | 3 A <input type="checkbox"/> B <input type="checkbox"/> | 5 A <input type="checkbox"/> B <input type="checkbox"/> |
| 2 A <input type="checkbox"/> B <input type="checkbox"/> | 4 A <input type="checkbox"/> B <input type="checkbox"/> | |

☐ 10Listening and Speaking total ☐ 25