

FORMATIVE EVALUATION

ANG-2001-6

PART 2

Reading Comprehension

And

Written Expression

ANSWER SHEET

May 2005

**Martine Poulin
CEA Mgr Beaudoin
C.S. Beauce-Etchemin**

Name: _____

| |
|--------------------|
| SITUATION 1 |
|--------------------|

| | T | F | Points |
|----|--------------------------|--------------------------|---------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | 1 |

| |
|--------------------|
| SITUATION 2 |
|--------------------|

| | A | B | C | D | E | F | G | H | Points |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |

SITUATION 3

| | A | B | C | D | E | F | Points |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |

SITUATION 4

REQUEST FOR INFORMATION KIT

(Please print)

Mr. Ms
Mrs. Miss _____

First Name

Last Name

Address _____

Door Number

Street

Apt.

City, Town or Village

Province

Country

Postal Code

Telephone Number: () _____ Date of Birth ____/____/____

Month Day Year

Marital Status _____

Nationality _____

Spouse's Name _____

Number of children _____

Signature

Date

5 points

SITUATION 5



Occasion _____

Date _____

Day _____

Time _____

Place _____

5 points