



Instructions for IIA Pre-testing

Step 1

Declaration

Sign the Declaration, ensuring that the conditions stated have been understood.

Step 2

Grammar Test

Do as much as possible in 20 minutes. Please use the Grammar Test Answer Sheet to answer the Part 1 (questions 1-40).

Step 3

Listening Test

Play the Listening Test CD using Windows Media Player. Please use the Listening Test Answer Sheet to answer Part 2 (questions 1-30).

Step 4

Writing Test

Students must choose the relevant writing test – General English, Cambridge (FCE/CAE) or IELTS.

Write as much as possible in 20 minutes. Please use the Writing Test Answer Sheet to answer Part 3.

Step 5

Student Profile Questionnaire

Complete the Student Profile Questionnaire to give us further insight into the student's level and English language needs.

Good Luck! 



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DECLARATION

I, (name in full, please PRINT) _____,

declare that:

- ✓ I have completed the attached pre-test paper alone.
- ✓ No-one assisted me.
- ✓ I have not used a dictionary, reference book or any notes.
- ✓ I understand that the offer of a course place at IIA will be based on the results of this written pre-test.

I also understand that IIA will inform my pre-test results to my Agent.

Signed _____

Date _____

Agent _____



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Quick Placement Test Part 1 - Grammar Test Answer Sheet

Date: / /

Course: _____

Student Name: _____

Instructions: Use a pencil, Mark **ONE** letter for each question.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	A	B	C	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Quick Placement Test

Part 1 - Grammar Test Answer Sheet – cont.

Date: / /

Course: _____

Student Name: _____

Instructions: Use a pencil, Mark ONE letter for each question.

A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY
Agent Details:
Test Version:



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Quick Placement Test Part 2 - Listening Test Answer Sheet

Date: / /

Course: _____

Student Name: _____

Instructions: Use a pencil, Mark **ONE** letter for each question.

A	B	C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1	A	B	C	16	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C	17	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C	18	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C	19	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C	20	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	A	B	C	21	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A	B	C	22	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	A	B	C	23	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	A	B	C	24	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	A	B	C	25	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	A	B	C	26	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	A	B	C	27	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	A	B	C	28	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	A	B	C	29	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	A	B	C	30	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

