

Junta de Andalucía

Consejería de Desarrollo Educativo y Formación Profesional

Pruebas Específicas de Certificación 2023/2024

Comprensión de Textos Escritos

Cuadernillo de respuestas

NIVEL B2 | INGLÉS

Apel	lidos:
	ıbre:
	Alumno/a OFICIAL del grupo:
	Indica el nombre de tu profesor/a-tutor/a:
	Alumno/a LIBRE.

INSTRUCCIONES

- Duración máxima: 75 minutos.
- Esta prueba consta de tres tareas:
 - o En la Tarea 1 tendrás que identificar las ideas generales del texto.
 - o En la Tarea 2 tendrás que entender las ideas principales del texto.
 - o En la Tarea 3 tendrás que comprender los detalles importantes de un texto.
- En cada tarea obtendrás: 1 punto por cada respuesta correcta; 0 puntos por cada respuesta incorrecta o no dada
- Solo se admitirán respuestas escritas con bolígrafo azul o negro.
- Por favor, no escribas en los espacios sombreados destinados a la calificación de las tareas.

PUNTUACIÓN	NOTA FINAL	CALIFICACIÓN		
		□ Superado		
/ 26	/ 10	□ No Superado		



SEVEN WAYS...TO IMPROVE YOUR SLEEP

Read the text on how to sleep better and choose the best heading (A-J) for each text (1-7). Write your answer in the appropriate box. Heading F is an example. There are THREE headings that you do not need to use so you MUST leave three gaps blank. You will get 1 point per correct answer.

ANSWER

A. CARDIO TRAINING IS BEST IN ORDER TO REST		
B. CONSUMPTION THAT YOU'D BETTER AVOID		
C. KEEP A CONSISTENT SLEEP SCHEDULE		
D. KNOWLEDGE ABOUT YOUR SLEEP IS POWER		
E. MAKE A SLEEP SANCTUARY		
F. WE CAN ALL BENEFIT FROM SIESTA TIME EXAMPLE	3	✓
G. MINIMISE EXPOSURE TO BLUE LIGHT		
H. NO INTENSE LATE WORK OUT		
I. TEA CAN DO YOU GOOD INSTEAD		
J. THE DARK SIDE OF LIGHT		
MARK		/ 6

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YOU'RE NEVER TOO OLD TO BECOME FLUENT IN A FOREIGN LANGUAGE

Read the text *You're never too old to become fluent in a foreign language*. For questions 1 to 10, choose the best option (A, B or C). Item 0 is an example. You will get 1 point per correct answer.

	ANSWER	
O.The study's authors A. claimed that fluency is as a measure of language learning success. B. did not emphasize fluency in their research. C. stated that fluency is a primary concern for most language learners.	С	✓
1. Being fluent in another language means you can communicate A. effortlessly. B. like a native speaker . C. without making mistakes.		
2. According to the text A. older learners tend to do better in language learning than younger learners. B. the learning of a language is equally successful across different age groups. C. young children learn languages faster than older learners.		
3. Older learners have difficulties acquiring A. certain vocabulary B. pronunciation C. specific structures		
4. The "critical window" hypothesis suggests that A. a language acquisition device gets disconnected in our brains after childhood. B. grammar learning is unaffected by age-related changes in circumstances. C. older learners have a harder time mastering grammar due to language-specific changes		
5. Some suggest that the reasons why the effectiveness of learning decreases are A. language-specific. B. motivational. C. related to aging.		
6. The Cognition study differs from typical research because it A. analyzes a datasbase of immense proportions. B. employs a traditional approach to data collection. C. gathers responses from language experts.		
7. The study showed that the correctness of responses on the grammar quiz A. gradually decreased for learners who started studying English after the age of ten. B. improved steadily with increasing age of English language learners. C. significantly dropped when learners had commenced English studies as adults.		
8. Regarding the impact of this study among researchers, the author believes that A. more scholars are expected to gather larger datasets and use similar tools. B. there will be minimal interest in the debate about language learning critical periods. C. the study is likely to be overlooked by future language learning researchers.		
 9. Regarding the hypothesis about the age at which fluency becomes unachievable, it A. accurately reflects the study's findings. B. doesn't take into account the study's results. C. is widely supported by researchers. 		

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MARK

/10



10. The author believes that acquiring certain grammar details		
A. contributes to the learner's musical abilities.		
B. is crucial to the learner's language fluency		
C. is irrelevant to the learner's language efficiency.		
	MARK	/10
		,

TASK 3

5 PEOPLE ON HOW THE NHS SAVED THEIR LIVES

Read the extracts from interviews with people whose lives were saved by the NHS (National Health Service). For questions B-H, choose speaker 1, 2, 3, 4, or 5. The people may be chosen more than once and in questions F, G and H you have to choose 2 speakers. Write your answers in the appropriate box. The first one (A) is an example. You will get 1 point per correct answer.

Which person (1, 2, 3, 4 or 5)...

A.	caught an infectious disease even though their siblings didn't? EXAMPLE	1	✓
В.	admits they wouldn't have been able to afford the treatment?		
C.	could benefit from an innovative type of treatment?		
D.	couldn't keep in touch with their families during their stay in hospital?		
E.	was provided help beyond the physical and psychological aspects?		
F.	has later on developed a link with the NHS or the medical profession?		
G.	is thankful for how their relatives were treated?		
Н.	doesn't have any effects of their disease today?		

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SEVEN WAYS...TO IMPROVE YOUR SLEEP

One in five adults in the UK don't get the rest they need. If you are among them, here are tips to ensure you get all of your 40 winks.

1						
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Key restorative processes take place while we are asleep, yet about one in five adults in the UK, and a third of those in the US, fail to get the seven to nine hours recommended for those aged 18-64. Sleep deprivation has been linked to a long list of health problems, including type 2 diabetes, cardiovascular disease, depression and obesity. Sleep tracking tech can help you work out if you are failing to give your body time to recover at night. Devices and apps that monitor only movement are less accurate than those that also track heart rate and breathing patterns.

2. _____

It is not, however, all about duration. Our bodies do different things during different sleep phases, which are characterised by different brainwave patterns. REM sleep has been linked to learning and memory, while growth hormone is released during deep sleep. One of the best ways to boost sleep quality is to maintain regular sleep times. A US study published last year found that students with irregular sleep patterns get lower academic grades.

3. ____F (EXAMPLE)_____

What did Albert Einstein, Margaret Thatcher and Salvador Dalí have in common? They were all enthusiastic nappers. Sleeping for 10-20 minutes after lunch can be restorative, although longer naps, especially in the late afternoon or evening, can undermine night-time sleep.

4. _____

Many believe a nightcap improves sleep. A 2013 review of 27 previous studies showed alcohol can indeed help people fall asleep more quickly, but also that it reduces REM sleep. That helps explain why you may feel drowsy and lack focus the morning after. Booze also disturbs sleep by increasing urine

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production, making you need the bathroom at night. Caffeine, meanwhile, blocks the build up of sleep-inducing chemicals in the brain. Research suggests leaving at least six hours between your last coffee and bedtime, although the time it takes to break down varies from person to person.

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Body clocks in almost every cell in the human body use signals about light levels to control fluctuations in things such as hormone levels, temperature and metabolism. Studies have shown that melatonin is released earlier and sleep duration is longer in societies that live without electric light. Candlelight may not be practical, but dimming bright lights in the run up to bedtime helps your body prepare for sleep.

6. _____

A review of 34 studies involving almost 2,000 participants found exercise shortens the time it takes to nod off and improves sleep duration and quality. However, Japanese researchers found that vigorous running an hour before bedtime cuts sleep length, while moderate exercise does not. "Regular exercise during the day or evening is a great way to improve sleep, but within two hours of bedtime it releases hormones that can lengthen the time needed to get to sleep," says Shadab Rahman, a sleep researcher at Harvard Medical School in Boston, Massachusetts.

7. _____

Ensure your mattress and pillows are comfortable and supportive. If you are sharing, you are likely to sleep better in a 1.8 metre-wide super king than a 1.4 metre-wide double. Thick curtains or blackout blinds can also help. Body temperature drops during sleep, so 16-18C is about right. Keep your bedroom clean and clutter-free. Soothing scents may put you in the right mood for a good night's sleep.



YOU'RE NEVER TOO OLD TO BECOME FLUENT IN A FOREIGN LANGUAGE

A study on second language learning has taken the media by storm. A range of headlines trumpeted the depressing message that it's impossible to become fluent in a foreign language after around age ten. All of these reports dramatically misrepresented the findings from the study, and the message they sent is flat-out wrong.

For one thing, the word "fluency" never even appears in the original study, published in the journal Cognition. There's a good reason for this: fluency is not what the study's authors, or any other scientists studying the effect of age in foreign language learning, are interested in.

To be fluent in another language means that you can communicate with relative ease, that is, without it being a real strain on either the speaker or the listener. The French president, Emmanuel Macron, is fluent in English, despite the fact that he may, on occasion, use the word "delicious" when he probably meant to say "delightful".

Pretty much anyone can become fluent in pretty much any language at pretty much any age. It's not even true that young children learn languages faster than older children or adults: if you expose different age groups to the same amount of instruction in a foreign language, the older ones invariably do better, both initially and in the long run. Learners of any age can achieve a brilliant, even nativelike, command of the vocabulary of another language, including such challenging structures as idioms or proverbs.

The 'critical window'

The puzzling thing about older learners – something the authors of the new study also found – is that they seem to have more problems mastering some, but not all, grammatical phenomena.

A good example for this is the fact that, in English, most verbs have to have an "s" added to them in the third person singular: so it's \(\frac{I}{you}/we/they \) walk but \(\frac{he}{she} \) walks. Many second language learners keep getting even such comparatively simple grammar rules wrong, even though they may have an amazing command of vocabulary. However, it seems that if you learn the language at a younger age, you have an easier time mastering the kinds of structures that older learners keep struggling with, and the same is true for acquiring a native-like accent.

Linguists remain divided on what the reason is for the difficulty many older speakers have at fully mastering these most elusive pockets of grammar. Some – including the authors of the Cognition study – subscribe to what's called the "critical window" hypothesis. They suggest we have a special mechanism

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in our brain which specifically enables us to learn a language, and that this mechanism is "switched off" around puberty – the age at which most speakers have mastered their native language.

Other researchers argue that there is nothing language-specific about the slightly worse performance of older learners. Rather, they suggest it is down to those changes of circumstances which tend to happen as people get older, such as having less time to learn, a decline in our general ability to learn and our memory skills, and a more stable sense of identity.

No cut off at age ten

What is new about the Cognition study is that, by the usual standards of linguistic investigations, it uses a dataset of unprecedented size. Through an internet grammar quiz shared on social media, the authors collected almost 700,000 responses, two thirds of them from people for whom English was a second language. This allowed them to model the relationship between age of learning and proficiency in more detail than had previously been possible.

They found that the accuracy of the responses on the grammar quiz declined sharply for learners who began studying English after the age of 17, a long way off the age of ten, which is the age most of media reports focused on.

This study is a novel one, and I predict that we'll see many researchers in future making use of such tools and collecting much more data than we have previously been able to. It will doubtlessly inform and shape the scholarly discussion about whether there is or isn't a critical period for language learning. But the affirmation that its findings suggest that after age ten you are too old to learn a foreign language fluently is one of the worst misrepresentations of a scientific outcome that I have ever seen.

Questions of how and why micro-features of grammar are learned in a second language have important implications for linguistic theory, but they are of little consequence to the actual learner. You can become a perfectly fluent speaker of a foreign language at any age, and small imperfections of grammar or accent often just add to the charm.

Learn a new language. Learn a new instrument. Pick up a new sport. Or don't do any of these. But whatever you decide to do or not do, don't blame your age.

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5 PEOPLE ON HOW THE NHS SAVED THEIR LIVES

As Britain's National Health Service turns 75, six people share how the NHS has saved their lives over seven decades, thanks to pioneering medical advances, swift action in emergencies and staff who went above and beyond.

SPEAKER 1: Jenny, 76, retired, from Dorset

I contracted polio in the outbreak of 1949, at the age of two. My older sister slept in the same room, but she didn't catch it. I was told I collapsed at the bottom of the stairs, an ambulance came, I was wrapped in a red blanket and taken away to Cambridge. Polio was a killer back then – vaccines didn't come until the mid-50s and my parents thought they'd never see me again.

I stayed in an isolation hospital for three months. Nobody was allowed to visit. My parents didn't know what was happening to me, we didn't have a phone, very few people did. It was terrible for them.

I still have a limp today, and my lower leg is still sort of paralysed. But luckily, I did develop some muscle strength, so much so that after a couple of operations when I was 18, I actually started working in the NHS. I became a student nurse at King's College hospital in London, and later a midwife and a health visitor, and spent my entire working life in the NHS.

I don't know what would have happened without the NHS, which was brand new at the time, of course. My parents weren't rich and were very grateful for it.

SPEAKER 2: Alan Martin, 67, retired operating department practitioner in Weston-super-Mare

In April 2016 I was diagnosed with a grade 3 bladder cancer tumour. I was absolutely devastated. I don't even remember driving back from the consultant that day. I'd always looked after myself. All the things you expect to get cancer from, I didn't do any of that – I ran marathons.

Now I am fully recovered, very active, I have done many ultra marathons and I swim in the sea all year. That's what they've done for me – kept me alive when I quite easily could not have been from the diagnosis, the post-op complications and suicidal thoughts – it was a triple whammy. I'm fitter now than I've ever been in my life.

SPEAKER 3: Derelyn Love, 76, a retired science teacher from Cheshire

I was born in January 1947 just after the end of the war. It was detected early on that I had a problem with my heart. I was referred to a hospital in Liverpool. My parents were told there was nothing they could do and that I had a life expectancy of about 20 years.

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I was operated on when I was 14, and was one of the first people to be given "the hole in the heart operation". Obviously, I survived.

I am now 76 and have had a wonderful life. I went to university and became a teacher, have been married 52 years and have three children, one of which is a cardiothoracic surgeon at a hospital in Liverpool. So in a way my story goes full circle!

SPEAKER 4: Peter Simpson, 36, postgraduate student from Thurso in the Highlands

During the London Marathon in 2019 I suffered a cardiac arrest around 500 metres from the finishing line. I vaguely remember the start of the race but the actual event I don't remember at all.

NHS staff went out of their way to help my family and I get through the incident as well as possible. My family live in the far north of the Highlands and following a difficult journey down to London, staff at the hospital helped make sure they were OK, offering them accommodation close to the hospital to give them one less thing to worry about. It was the little things that made a difference.

Four years on, I'm pleased to say I've fully recovered and, thanks largely to the treatment of the NHS staff, have successfully completed seven marathons – which included a successful return to London in 2021.

SPEAKER 5: Mustafa Mohsin Ali Mohamed, 59, self-employed businessman, from Pinner, Middlesex

I became infected with Covid in June 2020. My lungs gave in and I was hospitalised. I was in a coma in the ICU for 22 days, and then recovered slowly.

The emergency team at the Northwick Park hospital was remarkable and my family experienced a level of service from the NHS they had never dreamed was possible. Nobody was allowed to visit of course, but they were considerate and helpful and set up tablets so my family could see me. I was very impressed. My conclusion is that in emergency cases, their services shine, though often not so much in routine cases – I feel it is important to make this distinction.

guardian.com

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