1 15 *Completate le seguenti frasi, scegliendo la risposta giusta*

1 A: Your English is perfect, Mario. How long ... here in Birmingham?
B: Since 1992.
A have you lived
B do you live
C did you live

2 I'd love to go to Paris for the weekend but I haven't got ... money.
A many
B some
C any

3 A: Would you like to live abroad and learn a new language?
B: Yes, ...
A I like.
B I do.
C I would.

4 Hello? Is that the Russian Tourist Office? I'm thinking of going to Moscow for my Easter break. Could you give me ... information about hotels and flights, please.
A some
B an
C the

5 I've never forgotten that wonderful teacher ... taught us English grammar.
A who
B what
C which

6 I had a great summer. I went to Scotland ... holiday.
A for
B in
C on

7 A: Was the party good?
B: Yes, I can't remember the last time I ... such a great evening.
A have
B had
C had had

8 Poor old Mary! She broke her leg while ...
A she was skiing.
B she skied.
C she's skiing.

9 Don't go out without your coat and scarf. You ... catch cold.
A should
B might
C must

10 I think European cinema is often much ... stimulating than most Hollywood films.
A more
B as
C so

11 My brother lives in Australia. I haven't seen him ... seventeen years.
A from
B for
C since

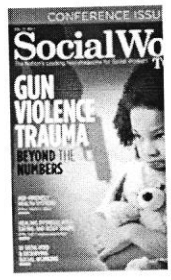
12 I'd love to go riding this summer. I ... a lot when I lived in the country.
A used to ride
B am used to riding
C used to riding

13 I've got no idea what ... this time next year. I might be studying in Holland.
A I did
B I do
C I'll be doing

14 What an idiot! If I hadn't changed that number on the lottery ticket, I ... millions!
A had won
B would have won
C would win

15 I've had an awful journey! The plane was five hours late and no one even told us the reason ... the delay.
A of
B by
C for

10 Dedicated & Deserving Social Workers
By Lindsey Getz
Social Work Today
Vol. 20 No. 1 P. 22



Each year ***Social Work Today*** asks its readers to nominate their colleagues for recognition for their outstanding service in the field. Many have nominated colleagues, coworkers, and mentors by describing how these individuals have inspired them—and in turn, how they inspire others. The top 10 finalists are here. We are honored to share their stories with you.

Beverly Able, BSW
Social Worker and Admissions Coordinator at The Glebe in Daleville, VA

With a sister who was born blind and an aunt who was mentally challenged who came to live with her when she was child, Beverly Able has been exposed to social workers her entire life—and she knew it was her calling. Since becon a social worker, she has worked in the mental health field, as a worker's compensation case manager, and ultimately long term care. The past 14 years of her career have been spent at The Glebe, a nonprofit retirement community wh she is committed to resident advocacy. Able's peers see her as a true "voice for residents," always focused on ensur their dignity and often assisting them in transitioning gracefully through major life changes that come with aging.

Able says that she is committed to ending the stigma associated with aging. Though aging often comes with "stumbli blocks," Able says that she believes there is always a way over them. On a daily basis, Able is bridging the gap between administrative expectations, therapy goals, and nursing care—always ensuring that residents have a voice regarding their care and needs. She was also responsible for developing a memory support group to assist residents and their loved ones in coping with a diagnosis of dementia.

"With aging, individuals and their families must deal with issues and experiences that they've never faced before," Al says. "It's the education part of my job that I love best. I am helping people navigate a place in time that is entirely ne to them—and potentially scary. Being there for them through it is often as rewarding to me as it is helpful to them."

Leticia Cavazos, DSW, LMSW, LCDC
Chief Program Officer for The Gatehouse in Grapevine, TX

Having become pregnant as a teenager and stuck in an abusive relationship, Leticia ("Leti") Cavazos says that it too some time to "find her bearings," but she knew that she wanted to help others—and that lead her to pursue a degree social work. While she was incredibly hesitant to work within the domestic violence space, Cavazos started out work with clients living with mental illness and experiencing homelessness but quickly learned that many of her clients hac also experienced domestic violence and/or trauma at some point in their life. Ultimately, she found her way to The Gatehouse in Grapevine, a supportive community for women—whether single or with children—leaving a crisis such abuse, poverty, homelessness, or other traumatic situations. Drawing upon her own experiences, Cavazos was instrumental in revamping the program using an evidence-based and data-driven design.

"I believe firmly there must be a reason behind everything that we do here," Cavazos explains. "I also believe what V Edwards said, that without data, you're just another person with an opinion. So, collecting data on everything that we were doing became part of our mission—to make sure that we had research and data to back up our decisions."

The program's focus is now on empowering members to become fully self-supportive. She says that means helping them deal with their trauma but also teaching these women real-life skills in order to make sure that they can earn a living wage upon graduating and leaving the community.

"I think back to my own situation and how if someone had believed in me and supported me on my path, I could have found my way much easier," Cavazos says. "As social workers, I think we should often take a step back and look at whether we are making a true impact on peoples' lives or just putting a band-aid on the problem. We must be intentic in making sure that our impact is long lasting and that we are setting our clients up with the tools that they need to continue moving forward."

Laura Guzzi, MSW, LCSW
Medical Social Worker at St. Vincent Hospital in Indianapolis

Starting out in a career in speech pathology, Laura Guzzi found her way to social work on an interesting path. One d while working with a preschooler on pronunciation goals, he climbed into her lap and asked whether they could "just talk." He had just found out that day that his mom and dad were getting a divorce. It was through that experience—a others like it—that Guzzi recognized her true calling was in social work. Today, she has been a social worker for 28 years, 14 of which have been at St. Vincent Hospital. Her colleagues say that in her role, she goes above and beyon on a daily basis.

Guzzi heads the hospital's mentoring team, created their perinatal mood and anxiety disorder, or PMAD, group, and leads infant massage classes and classes on essential oils, to name just some of her many efforts. She also volunte and tutors for young children, attends missions' trips, and leads a college group outside of work. Guzzi says that her church has been a big part of her family's life and she participates in many of their projects including a three-year eff to develop a community center that could serve low-income and underserved populations. It has been through that effort that she has been involved in tutoring and more closely connecting with the local community.

In her time as a social worker, Guzzi has seen social work become more of an "integrative part of the patient care pl and she is hopeful that the future of social work in the health care setting will be headed even more in that direction.

Guzzi sums up her future vision: "Social work has the ability to make a tremendous impact on peoples' lives, and if w can continue to integrate it into the health care model, I think we could see exciting changes in our future."

Marrie Hibbard, MSW
Psychiatric Liaison at St. Mary's Medical Center in Grand Junction, CO

Marrie Hibbard has worked in acute psychiatric settings or emergency departments (EDs) for a good part of 20 years Today, at St. Mary's Medical Center, Hibbard is a team leader and advocate for patients who come through the ED. A someone who has always had an interest in law and policy in general, Hibbard is committed to continually advancing

policies to align with current and updated laws. She is also frequently engaging in community advocacy to support th best interest of clients.

"Too often in health care we fail to pay attention to whether the things that we do line up with policy and legislation, s I've always tried to make those connections," Hibbard says. "It's important that we are doing things that are both in th best interest of our patients and supporting the law. Aligning practice with policy has always been my focus, but with that also comes the need to advocate for changes when they're needed—not just accepting something because it's policy."

Hibbard has also made it a goal to form collaborative relationships within the ED and, therefore, continue to elevate t role of the social worker as a respected clinician within the community. She foresees even greater collaborative care the future of the profession.

"As social workers, we are an important voice in the patient's care and should be a highly respected member of the team for our knowledge, advocacy, and professionalism," she says. "I think we have to keep raising the bar in order t be respected for what we do."

Kaitlin Puckett, MSSW, LMSW
Social Worker in Comprehensive Care Management at Baylor Scott and White Medical Center in Marble Falls, TX

With one brother living with a disability and another living with cancer, Kaitlin Puckett spent a lot of time in hospitals when she was growing up—an experience that undoubtedly shaped her career path. Upon earning her degree, she spent some time in long term care in a rehabilitative nursing home setting, but her dream job was to be a hospital so worker—a dream which she says came true faster than she ever imagined it would.

Now in the hospital setting, Puckett is "all in," coming to work inspired and ready to make a difference every day. Puckett has contributed to the development of two clinical posters (related to decreasing readmissions and facilitatin postacute provider engagement in the community) that were accepted for presentation at several conferences. Puck also led a postacute provider community meeting that highlighted best practices for patient care. She has been instrumental in creating several advanced directive days in clinical settings to ensure that patients' end-of-life wishes are known. Puckett says that her internship in palliative care was an inspiration for this work.

Puckett is a true advocate for her patients. When one patient was dealing with the ramifications of a flood, Puckett advocated to fulfill some vital needs. But she says this experience and others have also taught her that social worke hands are often tied by red tape. Sometimes, there's only so much you can do—and as a young social worker, that's something she hopes will change with the future.

"Although the bureaucracy is often there for safety measures, sometimes it limited what we can do," she says. "I'd lo to see a future in which we aren't as limited by that red tape and can be more hands-on with patients' needs."

Amanda Quine, LCSW
School Social Worker for Tumbleweed School in Phoenix

Amanda Quine says that she always knew she wanted to work with kids and their families—she just didn't know wha that was called. Being from a small town in Ohio, Quine never heard of the social work profession, but some researc revealed it was exactly where her heart was leading her. Since earning her degree, Quine has worked in foster care prevention and within a sex offender's program but ultimately found that school social work was the perfect fit. To thi role, Quine has applied her belief that "for every need there is a solution."

While working as a school social worker in Maryland, Quine established relationships with 90 refugee students/parer from around 26 different countries, all with very different needs. Quine recalls that some of the students never had running water before and some had never worn shoes; her role in their adjustment was critical.

Upon moving to Arizona, Quine found that connecting needs with solutions continued to be vital. She has introduced variety of programming including the Be Kind Program, Student of the Month, Playworks, Girls on the Run, the Olwe Bullying Prevention Program, the O Ambassadors Program, and Creative Play. She is also a trainer for Youth Menta Health First Aid and teaches staff and the community about mental health needs.

Quine says that her vision for the future of social work includes even more support for students as their lives becom increasingly demanding and challenging due to a variety of external factors, many of which are related to the digital age.

"It takes a village to raise a child and there needs to be more support for students and their overall health and well- being," Quine says. "As social workers, we can remain committed to the changing world by focusing on our core purpose of being proactive in finding solutions for problems as they arise—and not when it is too late."

Joan Sass, LCSW
Clinical Director at Catholic Charities of Brooklyn and Queens

Joan Sass says that social work was a "calling," and something she always knew she was destined to do. In her career which spans three decades, she has worked in a wide variety of areas—for a suicide hotline, for child protective services, with people who have substance use disorders, in a psychiatric unit in a city hospital, and with people who have disabilities, to name just some. With a son who has a disability, that particular arena is near and dear to her hea and for almost six years, Sass was the assistant principal at a special education high school. Today, at Catholic Charities of Brooklyn and Queens, which provides social services to children, adults, and elders in need, Sass works with those experiencing behavioral health issues, complicated comorbidities, complex traumas, and some who are uninsured, undocumented, and have various cultural backgrounds. Sass says that she sees "no situation as unreachable."

She continues, "Every day I ask myself, 'How can I be a voice for clients that can't speak for themselves?' I am really driven by creating solutions and that has led me to start various programs over the years—for different agencies and across different modalities.

"I believe that there are always solutions—we sometimes just need to be creative in finding them," Sass says.

Looking to the future of social work, Sass says that more affordable housing would make a tremendous impact, as it currently one of the biggest challenges that she and other social workers in this arena face.

Social Services Innovations: Social Workers Are Vital to Pandemic Recovery — This Is Why

By Yosmayra E. Reyes, LCSW

Social Work Today
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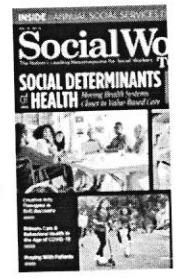


It is hard to find solace amid so much suffering, yet there is comfort and power in sharing pain. There are few words to describe the emotion that permeates our environment due to the global pandemic resulting from the novel coronavirus. During these times, when activities have halted and no ending is near, social workers are a critical component to maintaining the ongoing government engine that is health care in America. A multipronged approach, completed via targeted interventions that address multiple service needs and entry points, can help stabilize communities and alleviate system pressure. The progression of this illness has clarified that what we have done in the past cannot sustain our health for the future. We must work actively to address any factors that make us more vulnerable to this disease, or any other after it.

Resources and Long-Term Vision

The devastating financial effects being felt as a nation are difficult to observe. While hopes rose high for a "V shaped economic turn, those ideas have quickly receded with the pushing forward of multiple stimulus packages created to bear the brunt of this illness, as noted in recent global economic review by Bloomberg news (Holland, 2020). Althouc return to normalcy will be a struggle, targeted interventions in addressing behavioral health needs, financial impact a losses, and ongoing psychoeducation about the social determinants of health become key interventional strategies. Through brokering and reallocation of resources, social workers can successfully triage clients, connecting them with multiple needed resources for long-term stability in the community.

Local businesses have closed, creating critical job losses that are crippling the economy and generating substantial financial toxicity. Bigger waves of unemployment have been forecasted in coming months, when companies that cou not sustain themselves, due to the freeze of production and output, may file for bankruptcies eliciting further layoffs (Holland, 2020; Clarke, 2020). One consolidation agency in the United States, Freedom of Debt Relief, conducted a pool of 2,335 clients on financial hardship incurred because of the coronavirus, with 45% of members reporting being negatively impacted financially now and 41% stating they will encounter "high" difficulties six months from now with purchasing food items, as well as making rent and mortgage payments (Micheletti, 2020).

Social workers can be particularly adept in assisting state government in mitigating ongoing financial losses at the lo levels during this crisis through reintegration of social services, as well as creating routes for providing in-home servi with local businesses. Reintegrating ties within the community means that we connect those in need with those providing a service. This hand off is critical, as massive labor losses would hinder community agencies from providin direct services via traditional methods. Highlighting self-sufficiency as a primary financial goal in the provision of care will go a long way in reaching successful health outcomes. It is important to frame services as a temporary aid to alleviate burden with the added caveat of creating income generating strategies. Once clients are on the path to self-sustainment, giving back to the community can become another goal that can assist towards increasing financial stability by ensuring strong ties are maintained, creating long-lasting communal and social resources.

Behavioral Health Effects

Taking a step back from finances and looking through the behavioral health lens, we are witnessing numerous and complex developments of ongoing trauma. Staggeringly, in New York City, there is little noise but the sounds of ambulances. The inexplicable losses are felt like a blanket over the entire city. In the wake of this novel illness are higher reports of anxiety and depression due to aggravation of symptoms resulting from social isolation. During a rec National Alliance on Mental Illness webinar titled "Ask the Experts," officials state their resource guidelines on how tc manage mental health symptoms related to COVID-19 were downloaded more than 60,000 times within the first day posting online (Duckworth & Gruttadaro, 2020).

Social isolation is proving to be just as detrimental as other illnesses to overall health outcome achievement. Cacioppi and Cacioppo (2018) highlight in their study this growing phenomenon as a public health crisis, associated with a 26 increase in the risk of premature mortality. The Governor of New York, in management of this disease, has created a emergency emotional support line to begin providing mental health support. When social isolation has proven to be j as detrimental as other illnesses to overall health, being alone can create tendencies toward negativity, requiring extı effort to avoid tying negative thought patterns to beliefs (DiJulio et al., 2018).

Proper triaging, identification of treatment needs and development of social and communal support systems to help create balance will be ideal in addressing the impact of trauma. Secondary sequelae identified to date are increased rates of domestic violence and child abuse, as noted in Chicago, New York City, and Los Angeles, with New York Cit reporting a 20% rise (Taub, 2020). Social isolation can be just as alienating among robust families, where uncertainty about the future creates added stress to family systems. Here, social workers can specifically work on addressing symptom relief through discussion of stress and its impact on overall family health, ensuring ongoing access to food resources and opening dialogue with families in an effort to increase engagement and supervision to children at risk.

Telehealth and Case Management

During these unprecedented times, social workers become the interweaving thread in assisting a nation with getting back on its feet. Social workers are specifically trained to work from low reserves, learning to adequately reallocate resources based on need. This skill is essential, as it alleviates systemic pressure on an already taxed health care system. Although little research has been done on the efficacy of telemental health, there are a multitude of ways available to reconnect socially via this mechanism. Independent case management is one interventional method to consider, as it can create substantial relief to government systems by identifying pathways for distribution of resource and increasing engagement to minimize risk in family and individual settings. This approach has the added benefit of aggregating local resources, thus identifying clear communal needs for further state and federal interventions.

Case management, not a typical framework in independent practice, can quickly identify vulnerable populations that require multiple service entry points in order to receive adequate care. The plethora of clients that will require assistance can vary from first line responders and other frontline workers who may require ongoing assistance in managing symptoms of trauma to families that may have high incidences of domestic violence and/or lack food and other needed resources. The private practitioner can easily assist in providing short-term case management needs in order to connect clients with local supportive services, creating clear treatment pathways for those recently discharge from hospitals and convalescing in the community.

Name _____
Surname _____
Class _____
Date _____

*** 11 Riordina le parole per formare delle frasi.**

1 walk / do / to / you / always / school / ?
_____
2 weekends / my / father / works / at / never
_____
3 at / I / school / have / rarely / lunch
_____
4 usually / when / go / you / on / do / holiday / ?
_____
5 out / my / the / go / parents / in / seldom / evening
_____
6 late / John / for / rarely / work / is
_____
7 foreign / do / eat / you / food / often / ?
_____
8 her / Jean / does / the / in / homework / afternoon / never
_____
9 in / it / rainy / is / Britain / often
_____
10 TV / does / watch / the / grandfather / in / always / your / morning / ?
_____

**** 12 Riscrivi le frasi inserendo l'avverbio nella posizione corretta.**

1 I am late for school. (never)
_____
2 Caroline meets her boyfriend in the evening. (usually)
_____
3 We are happy on holiday. (always)
_____
4 What time do you go to bed? (usually)
_____
5 My parents don't watch TV in the evening. (often)
_____
6 Our bus is late. (rarely)
_____
7 My teacher is nice to her students. (always)
_____
8 Wendy has got good ideas. (always)
_____
9 We go to the cinema on Sunday afternoon. (seldom)
_____
10 Does your sister get up early in the morning? (often)
_____

***** 13 Riscrivi le frasi correggendo gli errori.**

1 Pablo doesn't likes English food.
_____
2 From where do you come?
_____
3 My grandparents don't play never on the computer.
_____
4 Barbara studys German and Spanish.
_____
5 Ken never is tired in the evening.
_____
6 How often it rains in your country?
_____
7 We usually don't go out in the evening.
_____
8 Jason plaies tennis on Wednesday afternoon.
_____
9 When you see your friends?
_____
10 School starts at eight o'clock?
_____

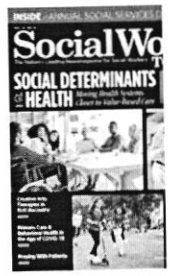
***** 14 TRANSLATION Traduci.**

1 Rob si alza alle sette, si lava, si veste e poi va al lavoro.
_____
2 Non facciamo mai colazione al mattino.
_____
3 Quanto spesso vai al cinema?
_____
4 Ad Anna non piace il suo lavoro.
_____
5 Con chi vive tuo fratello?
_____
6 La lezione di inglese comincia alle dieci e mezzo.
_____
7 Dove lavora tua mamma?
_____
8 La domenica vado sempre a trovare i miei nonni.
_____
9 Che cosa pensi del cibo inglese?
_____
10 Di solito non vado a fare spese il sabato.
_____

Primary Care and Behavioral Health in the Age of COVID-19 — How Social Workers Can Help Preserve the Patient Relationship

By Lauren Dennelly, MSW, LCSW

Social Work Today
Vol. 20 No. 4 P. 24



Picture yourself as a social worker in a once-bustling primary care office. The stay-at-home orders in your state have just barely been lifted, your temperature has been checked upon entering the building, you are masked, and it is your first Monday morning allowed back on site. The once-packed waiting room is now eerily empty, just a small handful of carefully spaced and equally masked patients sitting nervously, eyes moving from side to side. In a pre–COVID-19 world, this waiting room would be full of chattering patients, neighbors running into neighbors, strangers sharing ailments and remedies. Now, after multiple phone calls and patient portal messages to schedule COVID-19–safe well visits and ot routine care, patients are fearful, coming into the office cautiously, and social distancing once they arrive. Front desk staff, once exhausted from managing large queues of sick patients, are now exhausted for different reasons, includir constantly policing mask wearing and social distance protocols; sanitizing desks, tables, chairs, and anything people may have touched; and having endless conversations with people about how COVID-19 has touched their lives. Patients now present with "COVID-19 anxiety" as a visit reason, which encompasses the triple threat of potential illne unemployment, and compounding mental health issues. Providers are working overtime to accommodate those patie who were unable to come in during quarantine and need to be seen. Additionally, with the cancellation of elective surgeries and a decrease in emergency department visits and inpatient admissions, the hospital system is experienc sagging revenue streams, causing a general worry among staff about the possibility of furloughs and layoffs.

A Decade of Change

To say that today's modern-day primary care experience is changing may be an understatement. To be fair, this experience has been changing in the years prior to COVID-19 with the introduction of the Affordable Care Act of 201 which left more people seeking treatment for issues in primary care settings for the first time. Post COVID-19, primar care providers (PCPs) can expect to see a surge in mental health concerns and ancillary psychosocial issues impact overall health (Pfefferbaum & North, 2020). Overwhelmed by these new demands and with minimal training in behavioral health (a term that includes both mental health and substance use disorders), providers are finding themselves at odds with patients who are coming to them with multiple needs. Patients who are overwhelmed with stressors and let down by the failure of multiple large-scale systems are looking to providers for guidance. This tensi between what providers have to offer and what patients seek threatens to undermine the already tenuous patient-provider relationship, which has been slowly eroding since the managed care era and is now pushed to its limits with the experience of a global pandemic.

How are social workers positioned to assist in primary care amid this new reality, providing support to both the patier and the provider while bolstering their relationship with one another? To answer this question, we need to take a look the trend of people seeking behavioral health treatment in primary care, the role of provider burnout, and why health care relationships matter, especially for patients with behavioral health needs. Finally, we'll look at ways that social workers can help patients and providers strengthen these relationships, facilitating their connections to one another i an increasingly disconnected world.

More Patients, More Problems

The number of people who see their PCP rather than a psychiatrist for mental health care is increasing (Kroenke & Unutzer, 2017) and will likely continue to increase as PCPs see more patients who are uninsured and present with complex medical and behavioral conditions either generated or exacerbated by COVID. With more patients seeking treatment and poor access to specialty care, an explosion of behavioral health needs will cause PCPs' patient loads swell and expertise to be stretched to its limits. Additionally, social determinants of health (SDOH), defined by the W Health Organization (WHO) as "the conditions in which people are born, grow, work, live, and age, and the wider set forces and systems shaping the conditions of daily life" (www.who.int/social_determinants/en) will continue to increas as a result of the pandemic. SDOH have been associated with poor primary care prevention outcomes, including poo chronic disease management (Katz et al., 2018) and existing research on SDOH and disasters tells us that the physi and psychological effects are long lasting beyond the initial crisis (Nomura et al., 2016).

Generally, psychosocial and unexplained somatic symptoms consume a disproportionate amount of the PCP's visit t (Curtis & Christian, 2012). Many providers feel ill-equipped to manage patients with behavioral health needs, citing problems with access to specialty and community services, a lack of interdisciplinary care, time limits for visits, and patient complexity as barriers to providing quality care (Hinton et al., 2007; Telford, Hutchinson, Jones, Rix, & Howe, 2002). Additionally, patients who complete suicide have often visited their PCP within the last 30 days of completion, especially older adults, making primary care an integral part of crisis intervention for severely depressed patients (Luoma, Martin, & Pearson, 2002). The reality is that facing an increasingly stressed patient population, PCPs have t do more with less—less time, fewer resources, and less training—and the increased burden doesn't only come from patient care demands. Increases in administrative demands related to the use of electronic medical records, includin extensive time spent on documentation, is an oft-cited area of stress for PCPs (Bodenheimer & Sinsky, 2014).

Provider Burnout — A Public Health Crisis

Compounding these existing difficulties, the current global pandemic has placed an extraordinary burden on health c providers on the front lines of care. In light of this, the burnout potential of medical professionals has been highlighte both globally and nationally, most recently with the tragic news of a prominent emergency department physician in N York City who took her life after heroically caring for coronavirus patients. Prior to the pandemic, in 2019 WHO name burnout as an "occupational phenomenon" in the 11th revision of the International Classification of Diseases (ICD-11 the medical diagnostic system used by physicians worldwide to define and report diseases and health conditions, a significant step in recognizing the seriousness of the issue (WHO, 2019). Also in 2019, a report headed by the Harva T.H. Chan School of Public Health reinforced the idea of physician burnout as a public health crisis, emphasizing the importance of addressing physician mental health in order to maintain the well-being of the public (Jha et al., 2019). only are PCPs burned out but some are leaving the field altogether, fueling a workforce shortage that is also influenc by a reduction in primary care incomes and declining interest in entering the field of adult primary care among medic students (Bodenheimer & Pham, 2010).

Burnout can be defined as a "psychological symptom of emotional exhaustion, depersonalization, and reduced perso accomplishment that can occur among individuals who work with other people in some capacity" (Maslach, Jackson, Leiter, 1996, p. 192) and is a significant contributor to physician mental health. Taking care of people can be an emotionally draining job on the best of days, much less when the world feels turned upside down. Patients with

ESERCIZI DI RECUPERO

can / could (possibility, ability, permission)

Name _____
Surname _____
Class _____
Date _____

★ **1** **Riordina le parole per scrivere delle frasi.**

1 can / Barbara / speak / not / French
_____
2 sing / my / can / brother
_____
3 your / computer / can / a / use / grandfather / ?
_____
4 a / not / I / ride / can / bike
_____
5 we / not / do / this / can / exercise
_____
6 sit / here / can / I / ?
_____
7 football / my / can / very / brother / play / well
_____
8 can / I / not / his / remember / name
_____
9 Japanese / friend / can / speak / your / ?
_____
10 I / can / where / a / buy / ticket / ?
_____

★ **2** **Scrivi delle frasi affermative (✓), negative (✗) o interrogative (?) usando *can*.**

1 I / open the window (?)
_____
2 Jean / speak Russian (✓)
_____
3 my grandfather / use an MP3 (✓)
_____
4 we / sing (✓)
_____
5 you / swim (✗)
_____
6 I / do this test (✗)
_____
7 my friend / ride a bike (✗)
_____
8 I / use your phone (?)
_____
9 you / dance (?)
_____
10 I / borrow your mobile phone (?)
_____

★★ **3** **Completa con *can* o *can't* e i seguenti verbi.**

write ▪ listen ▪ buy ▪ close ▪ ask
borrow ▪ read ▪ ride ▪ speak ▪ do

1 Ted _____ German very well because his parents are from Berlin.
2 I _____ this book. It's in Chinese.
3 You _____ to music in the library.
4 _____ I _____ a question?
5 They _____ this exercise. It's very difficult.
6 _____ I _____ your MP3?
7 My sister _____ a horse: she's very good.
8 _____ I _____ the window?
9 Send me your email so I _____ to you.
10 _____ I _____ a ticket on the bus?

★ **4** **Usa *can* o *could* per chiedere il permesso.**

1 close / the door
2 use / your mobile phone
3 borrow / your dictionary
4 sit / here
5 ask / a question
6 open / the window
7 use / this computer
8 read / this newspaper
9 give / you / my homework tomorrow
10 eat / this sandwich

★★★ **5** **TRANSLATION Traduci.**

1 Posso comprare il biglietto sull'autobus?
2 Posso usare la tua bicicletta per andare a scuola?
3 Non sappiamo parlare tedesco.
4 Il papà non puo portarmi a scuola in macchina oggi.
5 A che ora possiamo incontrarci?
6 Posso guardare la televisione?
7 Mi puoi aiutare?
8 Mia sorella sa ballare, ma non sa cantare.
9 Possiamo giocare qui?
10 Dove posso comperare un giornale inglese?