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|--------------------|----------------------------|-----|
| Turma:<br>3º ANO U | Nome Completo:<br>GABARITO | Nº: |
|--------------------|----------------------------|-----|

CIÊNCIAS HUMANAS: HISTORIA, GEOGRAFIA, FILOSOFIA E SOCIOLOGIA

|    |                                     |                                     |                                     |                                     |                                     |                          |    |                                     |                                     |                                     |                                     |                                     |                          |
|----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1  | A                                   | B                                   | C                                   | <input checked="" type="checkbox"/> | E                                   | <input type="checkbox"/> | 21 | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 2  | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> | 22 | A                                   | B                                   | C                                   | <input checked="" type="checkbox"/> | E                                   | <input type="checkbox"/> |
| 3  | A                                   | B                                   | C                                   | D                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 23 | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 4  | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> | 24 | A                                   | B                                   | C                                   | <input checked="" type="checkbox"/> | E                                   | <input type="checkbox"/> |
| 5  | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> | 25 | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 6  | A                                   | B                                   | C                                   | D                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 26 | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 7  | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> | 27 | A                                   | B                                   | <input checked="" type="checkbox"/> | D                                   | E                                   | <input type="checkbox"/> |
| 8  | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> | 28 | A                                   | B                                   | C                                   | <input checked="" type="checkbox"/> | E                                   | <input type="checkbox"/> |
| 9  | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> | 29 | A                                   | B                                   | <input checked="" type="checkbox"/> | D                                   | E                                   | <input type="checkbox"/> |
| 10 | A                                   | B                                   | C                                   | D                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 30 | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 11 | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> | 31 | A                                   | B                                   | C                                   | D                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 | A                                   | B                                   | C                                   | D                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 32 | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 13 | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> | 33 | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 14 | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> | 34 | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 15 | A                                   | B                                   | C                                   | <input checked="" type="checkbox"/> | E                                   | <input type="checkbox"/> | 35 | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 16 | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> | 36 | A                                   | B                                   | C                                   | D                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17 | <input checked="" type="checkbox"/> | B                                   | C                                   | D                                   | E                                   | <input type="checkbox"/> | 37 | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 18 | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> | 38 | A                                   | B                                   | C                                   | D                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19 | A                                   | B                                   | <input checked="" type="checkbox"/> | D                                   | E                                   | <input type="checkbox"/> | 39 | A                                   | <input checked="" type="checkbox"/> | C                                   | D                                   | E                                   | <input type="checkbox"/> |
| 20 | A                                   | B                                   | C                                   | <input checked="" type="checkbox"/> | E                                   | <input type="checkbox"/> | 40 | A                                   | B                                   | C                                   | D                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |