

Level 1 – Reading

Mark Scheme – Sample 2

Your full name:
(BLOCK CAPITALS)

Candidate registration number:

Centre: Date:

Please answer **all** questions. Write your answers in pen, **not** pencil. You may **not** use dictionaries. You may **not** use correction fluid.

Please **circle** the letter of the best answer for each question. If you make a mistake, cross out the letter and circle your final answer.

Task 1

Question	Answer
1.	A B C D E (F)
2.	A B C D (E) F
3.	A B (C) D E F
4.	A (B) C D E F
5.	A (B) C
6.	A B (C)

Task 2

Question	Answer
7.	A B (C) D E F
8.	A B C D E (F)
9.	A B C (D) E F
10.	A (B) C D E F
11.	A (B) C
12.	(A) B C
13.	A B (C)
14.	(A) B C
15.	A B (C)
16.	(A) B C

Task 3

Question	Answer
17.	A B C (D) E
18.	A (B) C D E
19.	A B (C) D E
20.	(A) B C
21.	A B (C)
22.	(A) B C
23.	A (B) C
24.	A B (C)
25.	(A) B C
26.	A (B) C
27.	(A) B C
28.	A B (C)
29.	A (B) C
30.	(A) B C