

Level 2 – 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) D E F
24.	A (B) C D E F
25.	A B C D (E) F
26.	A (B) C
27.	A B (C)
28.	A (B) C
29.	(A) B C
30.	A B (C)