

Entry 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 <input checked="" type="radio"/> C D E
2.	A B C <input checked="" type="radio"/> D E
3.	A B C D <input checked="" type="radio"/> E
4.	A <input checked="" type="radio"/> B C
5.	<input checked="" type="radio"/> A B C
6.	A B <input checked="" type="radio"/> C
7.	A <input checked="" type="radio"/> B C
8.	A B <input checked="" type="radio"/> C
9.	<input checked="" type="radio"/> A B C

Task 3

Question	Answer
19.	A <input checked="" type="radio"/> B C
20.	<input checked="" type="radio"/> A B C
21.	A B <input checked="" type="radio"/> C
22.	A B <input checked="" type="radio"/> C D E
23.	A B C <input checked="" type="radio"/> D E
24.	A <input checked="" type="radio"/> B C D E

Task 2

Question	Answer
10.	A B C D <input checked="" type="radio"/> E
11.	A B <input checked="" type="radio"/> C D E
12.	A <input checked="" type="radio"/> B C D E
13.	A <input checked="" type="radio"/> B C
14.	<input checked="" type="radio"/> A B C
15.	A <input checked="" type="radio"/> B C
16.	<input checked="" type="radio"/> A B C
17.	A <input checked="" type="radio"/> B C
18.	<input checked="" type="radio"/> A B C