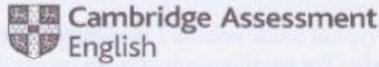


# Sample Answer Sheet for Reading



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Page 1 of 2



Candidate Name

Centre Name

Examination Title

Candidate Signature

Candidate Number

Centre Number

Examination Details

Assessment Date

Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here

## Preliminary for Schools Reading Candidate Answer Sheet

**Instructions**  
 Use a PENCIL (B or HB)  
 Rub out any answer you want to change with an eraser.

**For Parts 1, 2, 3, 4 and 5:**  
 Mark ONE letter for each answer.  
 For example: If you think A is the right answer to the question, mark your answer sheet like this:

Part 1			
1	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 2								
6	A	B	C	D	E	F	G	H
	<input type="radio"/>							
7	A	B	C	D	E	F	G	H
	<input type="radio"/>							
8	A	B	C	D	E	F	G	H
	<input type="radio"/>							
9	A	B	C	D	E	F	G	H
	<input type="radio"/>							
10	A	B	C	D	E	F	G	H
	<input type="radio"/>							

Part 3				
11	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 4								
16	A	B	C	D	E	F	G	H
	<input type="radio"/>							
17	A	B	C	D	E	F	G	H
	<input type="radio"/>							
18	A	B	C	D	E	F	G	H
	<input type="radio"/>							
19	A	B	C	D	E	F	G	H
	<input type="radio"/>							
20	A	B	C	D	E	F	G	H
	<input type="radio"/>							

Part 5			
21	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continues over →

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# Sample Answer Sheet for Reading



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## For Part 6:

Write your answers clearly in the spaces next to the numbers (27 to 32) like this:

0 ENGLISH

Write your answers in CAPITAL LETTERS.

### Part 6

Do not write below here

27

27	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28

28	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29

29	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30

30	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31

31	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32

32	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Sample Answer Sheets 219

**LIVEWORKSHEETS**



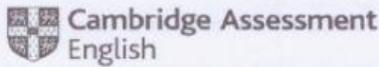


# Sample Answer Sheet for Listening



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Page 1 of 1



Candidate Name

Centre Name

Examination Title

Candidate Signature

Candidate Number

Centre Number

Examination Details

Assessment Date

Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here

## Preliminary for Schools Listening Candidate Answer Sheet

**Instructions**  
Use a PENCIL (B or HB). Rub out any answer you want to change with an eraser.

**For Parts 1, 2 and 4:**  
Mark one letter for each answer. For example: If you think A is the right answer to the question, mark your answer sheet like this:

A  B  C

**For Part 3:**  
Write your answers clearly in the spaces next to the numbers (14 to 19) like this:

ENGLISH

Write your answers in CAPITAL LETTERS.

Part 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C
6	A	B	C
7	A	B	C

Part 2			
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C

Part 3		Do not write below here
14	<input type="text"/>	14 1 0 <input type="radio"/> <input type="radio"/>
15	<input type="text"/>	15 1 0 <input type="radio"/> <input type="radio"/>
16	<input type="text"/>	16 1 0 <input type="radio"/> <input type="radio"/>
17	<input type="text"/>	17 1 0 <input type="radio"/> <input type="radio"/>
18	<input type="text"/>	18 1 0 <input type="radio"/> <input type="radio"/>
19	<input type="text"/>	19 1 0 <input type="radio"/> <input type="radio"/>

Part 4			
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

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