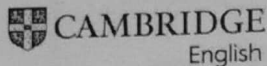




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Candidate Name

Hesara Gunathilaka

Candidate Number

Four empty boxes for candidate number

Centre Name

Empty box for centre name

Centre Number

Two empty boxes for centre number

Examination Title

Empty box for examination title

Examination Details

Empty box for examination details

Candidate Signature

Empty box for candidate signature

Assessment Date

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Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here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



Turn over for Part 6:

Write your answers clearly in the spaces next to the numbers (27 to 32) on Page 2.

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

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

Part 3				
11	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14	A	B	C	D
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	A	B	C	D
	<input checked="" 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"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	A	B	C	D	E	F	G	H	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	A	B	C	D	E	F	G	H	
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	A	B	C	D	E	F	G	H	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	A	B	C	D	E	F	G	H	
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Turn over for Part 6 →

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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

SINCE

27 1 0
○ ○

28

EACH

28 1 0
○ ○

29

WHO

29 1 0
○ ○

30

IF L

30 1 0
○ ○

31

LIVE

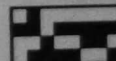
31 1 0
○ ○

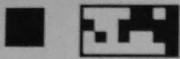
32

ALLE

32 1 0
○ ○

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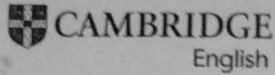




40787

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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.

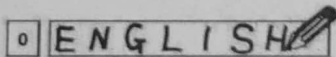
For Parts 1, 2 and 4:

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:



For Part 3:

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



Write your answers in CAPITAL LETTERS.

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

Part 2			
	A	B	C
8	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Part 3		Do not write below here
14	JUMPS	14 1 0 <input type="radio"/> <input type="radio"/>
15	UNIVERSITY	15 1 0 <input type="radio"/> <input type="radio"/>
16	6	16 1 0 <input type="radio"/> <input type="radio"/>
17	WEATHER	17 1 0 <input type="radio"/> <input type="radio"/>
18	CONTROL	18 1 0 <input type="radio"/> <input type="radio"/>
19	COFFEE	19 1 0 <input type="radio"/> <input type="radio"/>

Part 4			
	A	B	C
20	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
23	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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Page 1 of 1

40787

