

Candidate Name ZICHEN WANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148982

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name RUOYU ZHOU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148983

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

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ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YIBING LI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148984

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name MING YOU LYU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148985

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name XIYAN YANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148986

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YOURAN WANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148987

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name HAOXUAN ZHANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148988

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
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Centre TO DO CULTURE (SHANGHAI) LTD CO.

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ESOL International A2 Listening and Reading Answer Sheet

Instructions

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Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YUNBO LI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148989

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

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ESOL International A2 Listening and Reading Answer Sheet

Instructions

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Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name ZICHE QI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148990

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name BANG XIN CAO

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148991

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name ENZE LYU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148992

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name LECHENG FANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148993

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name MIAO CHEN

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148994

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name ZHEXIN GAO

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148995

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YUETING LIU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148996

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name HAOZE LI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148997

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
13	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YUFEI LI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148998

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name ZHUOXI YU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

148999

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name JUNYANG FAN

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149000

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name JUNQI CHEN

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149001

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name HAOXUAN CUI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149002

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name SHUOWEI RUAN

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149003

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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20	

Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name JUNJIE WAN

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149004

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YIHAN CHANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149005

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name FEITE CHEN

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149006

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name ZILAI WANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149007

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name XINYUE YUAN

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149008

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name ENHAN ZHU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149009

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name **MOXUAN HOU**

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. **OC0169**

Candidate No

149010

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title **LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)**

Centre **TO DO CULTURE (SHANGHAI) LTD CO.**

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YUHAN WANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149011

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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20	

Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name WEIZHENG CAI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149012

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name DAIWEN RU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149013

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name LINKE SUI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149014

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name ZHE YI XI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149015

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name LETIAN ZHANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149016

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name JIANING CUI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149017

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name **TIANKUO ZHUO**

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. **OC0169**

Candidate No

149018

Candidate Signature _____

Examination

Examination Title **LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)**

Details

Centre **TO DO CULTURE (SHANGHAI) LTD CO.**

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name RUI GUO

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149019

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name ZHUOYI WANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149020

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YIQIAN ZHANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149021

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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18	
19	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name HONGCHENG LIU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149022

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name LUYANG ZOU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149023

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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19	
20	

Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name JIATONG ZHANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149024

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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18	
19	
20	

Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YANXIANG LIU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149025

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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19	
20	

Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name XUN HE SUN

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149026

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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18	
19	
20	

Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name JING XUAN ZHANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149027

Candidate Signature _____

Examination

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Details

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
---	---------------------------------------	----------------------------	----------------------------	----------------------------

Section 1			
1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name DUOYI WANG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149028

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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19	
20	

Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name YANNAN LI

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149029

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
13	
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16	
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18	
19	
20	

Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name KAIHAN ZHOU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149030

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name SHUOMING XU

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149031

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think **A** is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	----------	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2	
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Section 3	
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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Name BOYUAN DONG

If not already printed, write name
in CAPITALS and complete the
Candidate No. grid (in pencil)

Centre No. OC0169

Candidate No

149032

Examination

Details

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Candidate Signature _____

Examination Title LRN Entry Level Certificate in ESOL International
(Entry 2) (CEF A2)

Centre TO DO CULTURE (SHANGHAI) LTD CO.

If the candidate is ABSENT or has WITHDRAWN shade here ☐

ESOL International A2 Listening and Reading Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change with and eraser.

For Listening

Listen carefully and choose the correct answer

For example, if you think A is the right answer to the
question, mark your answer sheet like this:

0	A	B	C	D
---	---	---	---	---

Section 1			
1	A	B	C
2	A	B	C
3	A	B	C
4	A	B	C
5	A	B	C

Section 2			
6	A	B	C
7	A	B	C
8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C
14	A	B	C

Section 3			
15	A	B	C
16	A	B	C
17	A	B	C
18	A	B	C
19	A	B	C
20	A	B	C
21	A	B	C
22	A	B	C
23	A	B	C
24	A	B	C
25	A	B	C

Continue on the other side of this sheet



For Reading and Use

Mark ONE letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1			
1	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A	B	C
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Do not write below (Examiner use only)

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

