

Candidate's number				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Date		
day	month	year
1	3	1 1 2024
0	0	0 0 2023
1	1	1 1 2024
2	2	2 2 2025
3	3	3 3 2026
4	4	4 4 2027
5	5	5 5 2028
6	6	6 6 2029
7	7	7 7 2030
8	8	8 8 2031
9	9	9 9 2032

### IMPORTANTE



- Ponga marcas oscuras
- Ejemplo: ☐ 0 ☒ 2 ☐ 3 ☐ 4
- Rellene completamente los rectángulos
- Borre completamente para cambiar marcas



### Candidate's details

Respuestas del Examen Muestra

Father's surname

Mother's surname

First name

Middle name

## EXAVER 1 Answer Sheet

### ANCHOR

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
6	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
7	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
8	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

### PAPER ONE

#### Part 1

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

#### Part 2

7	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K
8	<input checked="" type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K
9	<input type="checkbox"/> A <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K
10	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K
11	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> J <input type="checkbox"/> K
12	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K
13	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K
14	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input checked="" type="checkbox"/>

#### Part 3

15	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/>
16	<input type="checkbox"/> A <input checked="" type="checkbox"/> C
17	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/>
18	<input checked="" type="checkbox"/> B <input type="checkbox"/> C
19	<input type="checkbox"/> A <input checked="" type="checkbox"/> C
20	<input checked="" type="checkbox"/> B <input type="checkbox"/> C
21	<input type="checkbox"/> A <input checked="" type="checkbox"/> C
22	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/>

#### Part 4

23	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/>
24	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/>
25	<input checked="" type="checkbox"/> B <input type="checkbox"/> C
26	<input type="checkbox"/> A <input checked="" type="checkbox"/> C
27	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/>
28	<input type="checkbox"/> A <input checked="" type="checkbox"/> C
29	<input checked="" type="checkbox"/> B <input type="checkbox"/> C
30	<input type="checkbox"/> A <input checked="" type="checkbox"/> C

### Part 5

Do not mark here

31	can / could	<input type="checkbox"/> A <input type="checkbox"/> B
32	here / in	<input type="checkbox"/> A <input type="checkbox"/> B
33	same	<input type="checkbox"/> A <input type="checkbox"/> B
34	before	<input type="checkbox"/> A <input type="checkbox"/> B
35	out	<input type="checkbox"/> A <input type="checkbox"/> B
36	those / all	<input type="checkbox"/> A <input type="checkbox"/> B
37	much	<input type="checkbox"/> A <input type="checkbox"/> B
38	them	<input type="checkbox"/> A <input type="checkbox"/> B

### PAPER TWO

#### Part 1

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

#### Part 2

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

#### Part 3

11	<input type="checkbox"/> A <input checked="" type="checkbox"/> C
12	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/>
13	<input type="checkbox"/> A <input checked="" type="checkbox"/> C
14	<input checked="" type="checkbox"/> B <input type="checkbox"/> C
15	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/>

### Part 4

Do not mark here

16	30 / 30th / thirty / thirtieth	<input type="checkbox"/> A <input type="checkbox"/> B
17	theater / theatre	<input type="checkbox"/> A <input type="checkbox"/> B
18	groups / a group	<input type="checkbox"/> A <input type="checkbox"/> B
19	credit	<input type="checkbox"/> A <input type="checkbox"/> B
20	Abrahamson	<input type="checkbox"/> A <input type="checkbox"/> B

### PAPER THREE - Do not mark here

Interlocutor's number

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

Examiner's number

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

Fill this box in case the candidate did not take Paper Three. ☐

### Interlocutor only

Global Mark ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

### Examiner only

Pronunciation ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4  
Vocabulary Range ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4  
Grammatical Accuracy ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4  
Effectiveness in Communication ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4