

ESOL Skills for Life

Speaking and Listening

Entry Level 2

Sample Assessment - Candidate Paper

Centre Name: _____
Candidate Name: _____
Date of Birth: _____ Candidate ID: _____
Date & Time Assessment Started: _____
Date & Time Assessment Completed: _____
Number of tasks: 3

Fill in the bold lines in the box above with your name, Date of Birth and Candidate ID number.

		Total Marks
Tutor signature		Date
Internal Quality Assurer signature		Date

Assessment Code: _____

