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School code

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School name

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Given name/s

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Family name

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Attach your
barcode ID label here

Book

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of

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books used

External assessment

Response book

English as an Additional Language

Time allowed

- Planning time — 15 minutes
- Working time — 120 minutes

General instructions

- Answer the question in this response book.
- Write using black or blue pen.
- Respond in paragraphs consisting of full sentences.
- Planning paper will not be marked.

Section 1 (45 marks)

- 1 extended response question
- Respond in 800–1000 words



Section 1

Instructions

- Select **one** text.
- Select **one** question from the question book.
- Indicate the text and question you have selected by filling in the bubbles on the next page completely.
- If you change your mind or make a mistake, draw a cross through the bubble you wish to change and fill in the new bubble completely.

Example:

<i>Burial Rites</i>	<i>Cat's Eye</i>	<i>Hamlet</i>	<i>Jane Eyre</i>	<i>Macbeth</i>	<i>Nineteen Eighty-Four</i>	<i>The White Earth</i>	<i>We Are All Completely Beside Ourselves</i>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Cancel any incorrect response by drawing a line through your work. If you do not do this, your original response will be marked.

DO NOT WRITE ON THIS PAGE

THIS PAGE WILL NOT BE MARKED

Do not write outside this box.

Fill in the bubble to indicate the text you have selected.

<i>Burial Rites</i>	<i>Cat's Eye</i>	<i>Hamlet</i>	<i>Jane Eyre</i>	<i>Macbeth</i>	<i>Nineteen Eighty-Four</i>	<i>The White Earth</i>	<i>We Are All Completely Beside Ourselves</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in the bubble to indicate the question you have selected.

a) <input type="radio"/>	b) <input type="radio"/>
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Do not write outside this box.



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END OF PAPER

Do not write outside this box.





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