

TRINIDAD AND TOBAGO  
SECONDARY ENTRANCE ASSESSMENT

ANSWER BOOKLET

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SECONDARY ENTRANCE ASSESSMENT

ANSWER BOOKLET

FILL IN ALL THE INFORMATION REQUESTED CLEARLY AND LEGIBLY

TEST CODE 

0	4	2	1	8	0	1	1
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TEST CODE 

0	4	2	1	8	0	1	1
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SUBJECT CREATIVE WRITINGSUBJECT CREATIVE WRITING

Please place your label here.

Please place your label here.

DO NOT WRITE  
IN THIS SPACEABSENT 



QUESTION NO: 





EXAMINER	SCORE	INITIALS
SECOND MARKER		
TABLE LEADER		
CHIEF EXAMINER		

WRITE THE NAME OF YOUR SCHOOL BELOW:


WRITE YOUR FULL NAME BELOW:

DATE OF BIRTH		
<i>Day</i>	<i>Month</i>	<i>Year</i>

GENDER {

MALE ☐  
FEMALE ☐

DO NOT WRITE IN THIS SPACE

FOLDER NUMBER



DO NOT WRITE IN THIS SPACE

FOLDER NUMBER



THE GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO  
MINISTRY OF EDUCATION

**CONTINUOUS ASSESSMENT COMPONENT  
OF THE SECONDARY ENTRANCE ASSESSMENT**

MARCH 2013

ENGLISH  
LANGUAGE ARTS:

**WRITING PAPER**

**Time: 90 minutes**

**Plan your story in this box.**

