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They reflect the type of questions that are found in many elevenplus exams including Moray House and NFER type tests.

They can be completed in the standard way, by writing the answer on the test paper or by using the large format multiple choice answer sheets provided for free on our website.

This large format can be used to introduce children to the skills required to complete a multiple choice answer sheet.

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# LEARNING TOGETHER

## multiple choice pupil answer sheet for E-paper Verbal Reasoning TEST 9

Complete these details.

Today's date:- Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Your surname in capitals \_\_\_\_\_

Your first name in capitals \_\_\_\_\_



Page	Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
<b>Total Score</b>	

**Read this advice and instructions on completing this test.**

**Please note that this test may be completed in the standard way or by using the multiple choice pupil answer sheet provided.**

- 1. There are 100 questions in this DOWNLOADED test.**
- 2. Start at question 1 and work your way to question 100.**
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- 6. Make sure you spell correctly.**
- 7. You may do any rough work on the test paper or on another piece of paper.**
- 8. This test should take approximately 45 minutes.**
- 9. When you have finished this test mark it with an adult.**
- 10. An adult may be able to explain any questions that you do not understand.**

**LEARNING TOGETHER VERBAL REASONING EPAPER NUMBER 9  
MULTIPLE CHOICE PUPIL ANSWER SHEET**

**PLEASE MARK BOXES WITH A SINGLE LINE =**  
**DO NOT MARK OUTSIDE THE BOXES**

1	N <input type="checkbox"/>	2	C <input type="checkbox"/>	3	A <input type="checkbox"/>	4	S <input type="checkbox"/>	5	2 <input type="checkbox"/>	6	30 <input type="checkbox"/>
	G <input type="checkbox"/>		O <input type="checkbox"/>		E <input type="checkbox"/>		T <input type="checkbox"/>		36 <input type="checkbox"/>		81 <input type="checkbox"/>
	I <input type="checkbox"/>		N <input type="checkbox"/>		I <input type="checkbox"/>		R <input type="checkbox"/>		48 <input type="checkbox"/>		27 <input type="checkbox"/>
	R <input type="checkbox"/>		R <input type="checkbox"/>		O <input type="checkbox"/>		P <input type="checkbox"/>		34 <input type="checkbox"/>		432 <input type="checkbox"/>
	B <input type="checkbox"/>		E <input type="checkbox"/>		V <input type="checkbox"/>		Q <input type="checkbox"/>		24 <input type="checkbox"/>		243 <input type="checkbox"/>

<b>EXAMPLE</b> wood <input checked="" type="checkbox"/> was <input type="checkbox"/> of <input type="checkbox"/> made <input type="checkbox"/> table <input checked="" type="checkbox"/>	7 found <input type="checkbox"/> cupboard <input type="checkbox"/> the <input type="checkbox"/> in <input type="checkbox"/> bottles <input type="checkbox"/>	8 Are <input type="checkbox"/> going <input type="checkbox"/> holidays <input type="checkbox"/> where <input type="checkbox"/> your <input type="checkbox"/>	9 still <input type="checkbox"/> Stand <input type="checkbox"/> and <input type="checkbox"/> quiet <input type="checkbox"/> be <input type="checkbox"/>	10 stopped <input type="checkbox"/> bus <input type="checkbox"/> many <input type="checkbox"/> off <input type="checkbox"/> and <input type="checkbox"/>
---	---	---	--	---

11 book <input type="checkbox"/> on <input type="checkbox"/> his <input type="checkbox"/> desk <input type="checkbox"/> put <input type="checkbox"/>	12 BANK <input type="checkbox"/> CROP <input type="checkbox"/> PADS <input type="checkbox"/> SOAP <input type="checkbox"/> NEST <input type="checkbox"/> ROPE <input type="checkbox"/>	13 BANK <input type="checkbox"/> CROP <input type="checkbox"/> PADS <input type="checkbox"/> SOAP <input type="checkbox"/> NEST <input type="checkbox"/> ROPE <input type="checkbox"/>	14 BANK <input type="checkbox"/> CROP <input type="checkbox"/> PADS <input type="checkbox"/> SOAP <input type="checkbox"/> NEST <input type="checkbox"/> ROPE <input type="checkbox"/>	15 BANK <input type="checkbox"/> CROP <input type="checkbox"/> PADS <input type="checkbox"/> SOAP <input type="checkbox"/> NEST <input type="checkbox"/> ROPE <input type="checkbox"/>
---	--	--	--	--

16 BANK <input type="checkbox"/> CROP <input type="checkbox"/> PADS <input type="checkbox"/> SOAP <input type="checkbox"/> NEST <input type="checkbox"/> ROPE <input type="checkbox"/>	17 BANK <input type="checkbox"/> CROP <input type="checkbox"/> PADS <input type="checkbox"/> SOAP <input type="checkbox"/> NEST <input type="checkbox"/> ROPE <input type="checkbox"/>	<b>EXAMPLE</b> E <input type="checkbox"/> D <input checked="" type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/>	18 H <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	19 P <input type="checkbox"/> H <input type="checkbox"/> R <input type="checkbox"/> K <input type="checkbox"/> E <input type="checkbox"/>	20 D <input type="checkbox"/> Y <input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> T <input type="checkbox"/>
--	--	---	--	--	--

21

X	<input type="checkbox"/>
E	<input type="checkbox"/>
R	<input type="checkbox"/>
I	<input type="checkbox"/>
T	<input type="checkbox"/>

22

T	<input type="checkbox"/>
H	<input type="checkbox"/>
Y	<input type="checkbox"/>
E	<input type="checkbox"/>
L	<input type="checkbox"/>

23

R	<input type="checkbox"/>
H	<input type="checkbox"/>
U	<input type="checkbox"/>
D	<input type="checkbox"/>
Y	<input type="checkbox"/>

**EXAMPLE**

CORN	<input type="checkbox"/>	OVER	<input type="checkbox"/>
FARM	<input checked="" type="checkbox"/>	FIELD	<input type="checkbox"/>
TIME	<input type="checkbox"/>	YARD	<input checked="" type="checkbox"/>

24

OUT	<input type="checkbox"/>	BITE	<input type="checkbox"/>
BY	<input type="checkbox"/>	SIDE	<input type="checkbox"/>
OPEN	<input type="checkbox"/>	LIKE	<input type="checkbox"/>

25

MAN	<input type="checkbox"/>	AGE	<input type="checkbox"/>
BOY	<input type="checkbox"/>	YEARS	<input type="checkbox"/>
SAY	<input type="checkbox"/>	WHAT	<input type="checkbox"/>

26

EVER	<input type="checkbox"/>	HOUSE	<input type="checkbox"/>
GREEN	<input type="checkbox"/>	MOOR	<input type="checkbox"/>
RED	<input type="checkbox"/>	DYE	<input type="checkbox"/>

27

HOUSE	<input type="checkbox"/>	KEY	<input type="checkbox"/>
MONK	<input type="checkbox"/>	AT	<input type="checkbox"/>
IMP	<input type="checkbox"/>	HOLD	<input type="checkbox"/>

28

HAND	<input type="checkbox"/>	MOST	<input type="checkbox"/>
NAIL	<input type="checkbox"/>	SOME	<input type="checkbox"/>
DOG	<input type="checkbox"/>	GLUE	<input type="checkbox"/>

**EXAMPLE**

T	<input type="checkbox"/>
H	<input checked="" type="checkbox"/>
A	<input type="checkbox"/>
N	<input type="checkbox"/>
K	<input type="checkbox"/>

29

L	<input type="checkbox"/>
E	<input type="checkbox"/>
A	<input type="checkbox"/>
D	<input type="checkbox"/>
S	<input type="checkbox"/>

30

D	<input type="checkbox"/>
R	<input type="checkbox"/>
E	<input type="checkbox"/>
A	<input type="checkbox"/>
D	<input type="checkbox"/>

31

S	<input type="checkbox"/>
N	<input type="checkbox"/>
A	<input type="checkbox"/>
C	<input type="checkbox"/>
K	<input type="checkbox"/>

32

T	<input type="checkbox"/>
R	<input type="checkbox"/>
E	<input type="checkbox"/>
E	<input type="checkbox"/>
S	<input type="checkbox"/>

33

M	<input type="checkbox"/>
O	<input type="checkbox"/>
I	<input type="checkbox"/>
S	<input type="checkbox"/>
T	<input type="checkbox"/>

34 **First**

May	<input type="checkbox"/>
Mary	<input type="checkbox"/>
Margaret	<input type="checkbox"/>
Maisie	<input type="checkbox"/>
Monica	<input type="checkbox"/>

35 **Second**

May	<input type="checkbox"/>
Mary	<input type="checkbox"/>
Margaret	<input type="checkbox"/>
Maisie	<input type="checkbox"/>
Monica	<input type="checkbox"/>

36 **Third**

May	<input type="checkbox"/>
Mary	<input type="checkbox"/>
Margaret	<input type="checkbox"/>
Maisie	<input type="checkbox"/>
Monica	<input type="checkbox"/>

37 **Fourth**

May	<input type="checkbox"/>
Mary	<input type="checkbox"/>
Margaret	<input type="checkbox"/>
Maisie	<input type="checkbox"/>
Monica	<input type="checkbox"/>

38 **Fifth**

May	<input type="checkbox"/>
Mary	<input type="checkbox"/>
Margaret	<input type="checkbox"/>
Maisie	<input type="checkbox"/>
Monica	<input type="checkbox"/>

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**EXAMPLE**

CAN	<input type="checkbox"/>
BAR	<input type="checkbox"/>
CAT	<input type="checkbox"/>
LIE	<input type="checkbox"/>
SIT	<input checked="" type="checkbox"/>

39

ALL	<input type="checkbox"/>
EEL	<input type="checkbox"/>
FAT	<input type="checkbox"/>
AIM	<input type="checkbox"/>
TEN	<input type="checkbox"/>

40

VAN	<input type="checkbox"/>
CAR	<input type="checkbox"/>
MAN	<input type="checkbox"/>
AND	<input type="checkbox"/>
LOW	<input type="checkbox"/>

41

BOY	<input type="checkbox"/>
MAY	<input type="checkbox"/>
KEY	<input type="checkbox"/>
SUN	<input type="checkbox"/>
WOE	<input type="checkbox"/>

42

WAS	<input type="checkbox"/>
SOW	<input type="checkbox"/>
PIN	<input type="checkbox"/>
PET	<input type="checkbox"/>
CAP	<input type="checkbox"/>

43

South	<input type="checkbox"/>
North	<input type="checkbox"/>
South west	<input type="checkbox"/>
West	<input type="checkbox"/>
North east	<input type="checkbox"/>

44

East	<input type="checkbox"/>
West	<input type="checkbox"/>
South east	<input type="checkbox"/>
South west	<input type="checkbox"/>
North east	<input type="checkbox"/>

45

North	<input type="checkbox"/>
West	<input type="checkbox"/>
East	<input type="checkbox"/>
South	<input type="checkbox"/>
South east	<input type="checkbox"/>

46

90°	<input type="checkbox"/>
45°	<input type="checkbox"/>
225°	<input type="checkbox"/>
180°	<input type="checkbox"/>
270°	<input type="checkbox"/>

**EXAMPLE**

cat	<input type="checkbox"/>
bar	<input checked="" type="checkbox"/>
ball	<input type="checkbox"/>
late	<input type="checkbox"/>
car	<input type="checkbox"/>

47

fry	<input type="checkbox"/>
fly	<input type="checkbox"/>
roof	<input type="checkbox"/>
try	<input type="checkbox"/>
for	<input type="checkbox"/>

48

cow	<input type="checkbox"/>
ate	<input type="checkbox"/>
tea	<input type="checkbox"/>
late	<input type="checkbox"/>
woe	<input type="checkbox"/>

49

card	<input type="checkbox"/>
label	<input type="checkbox"/>
boar	<input type="checkbox"/>
tab	<input type="checkbox"/>
bad	<input type="checkbox"/>

50

meat	<input type="checkbox"/>
item	<input type="checkbox"/>
team	<input type="checkbox"/>
tale	<input type="checkbox"/>
tame	<input type="checkbox"/>

**EXAMPLE**

shut	<input checked="" type="checkbox"/>	in	<input type="checkbox"/>
door	<input type="checkbox"/>	down	<input checked="" type="checkbox"/>
room	<input type="checkbox"/>	out	<input type="checkbox"/>

51

anchor	<input type="checkbox"/>	wheel	<input type="checkbox"/>
berth	<input type="checkbox"/>	petrol	<input type="checkbox"/>
sail	<input type="checkbox"/>	park	<input type="checkbox"/>

52

hear	<input type="checkbox"/>	eat	<input type="checkbox"/>
sound	<input type="checkbox"/>	taste	<input type="checkbox"/>
music	<input type="checkbox"/>	smell	<input type="checkbox"/>

53

run	<input type="checkbox"/>	hand	<input type="checkbox"/>
foot	<input type="checkbox"/>	warm	<input type="checkbox"/>
leather	<input type="checkbox"/>	fingers	<input type="checkbox"/>

54

bird	<input type="checkbox"/>	cold	<input type="checkbox"/>
run	<input type="checkbox"/>	swim	<input type="checkbox"/>
egg	<input type="checkbox"/>	nest	<input type="checkbox"/>

Go to the next page

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**E paper number 9 multiple choice pupil answer sheet**

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55

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

56

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

57

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

58

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

59

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

60

4 A\$	<input type="checkbox"/>
12 A\$	<input type="checkbox"/>
15 A\$	<input type="checkbox"/>
10 A\$	<input type="checkbox"/>
9.5 A\$	<input type="checkbox"/>

61

24.50 A\$	<input type="checkbox"/>
25.00 A\$	<input type="checkbox"/>
26.25 A\$	<input type="checkbox"/>
50.00 A\$	<input type="checkbox"/>
10.50 A\$	<input type="checkbox"/>

62

£6.00	<input type="checkbox"/>
£7.50	<input type="checkbox"/>
£15.00	<input type="checkbox"/>
£12.50	<input type="checkbox"/>
£9.00	<input type="checkbox"/>

63

150 A\$	<input type="checkbox"/>
200 A\$	<input type="checkbox"/>
450 A\$	<input type="checkbox"/>
250 A\$	<input type="checkbox"/>
410 A\$	<input type="checkbox"/>

64 **Seat 1**

Abby	<input type="checkbox"/>
Amy	<input type="checkbox"/>
Karen	<input type="checkbox"/>
Kathleen	<input type="checkbox"/>
Kylie	<input type="checkbox"/>

65 **Seat 2**

Abby	<input type="checkbox"/>
Amy	<input type="checkbox"/>
Karen	<input type="checkbox"/>
Kathleen	<input type="checkbox"/>
Kylie	<input type="checkbox"/>

66 **Seat 3**

Abby	<input type="checkbox"/>
Amy	<input type="checkbox"/>
Karen	<input type="checkbox"/>
Kathleen	<input type="checkbox"/>
Kylie	<input type="checkbox"/>

67 **Seat 4**

Abby	<input type="checkbox"/>
Amy	<input type="checkbox"/>
Karen	<input type="checkbox"/>
Kathleen	<input type="checkbox"/>
Kylie	<input type="checkbox"/>

68 **Seat 5**

Abby	<input type="checkbox"/>
Amy	<input type="checkbox"/>
Karen	<input type="checkbox"/>
Kathleen	<input type="checkbox"/>
Kylie	<input type="checkbox"/>

69

Abby	<input type="checkbox"/>
Amy	<input type="checkbox"/>
Karen	<input type="checkbox"/>
Kathleen	<input type="checkbox"/>
Kylie	<input type="checkbox"/>

70

Abby	<input type="checkbox"/>
Amy	<input type="checkbox"/>
Karen	<input type="checkbox"/>
Kathleen	<input type="checkbox"/>
Kylie	<input type="checkbox"/>

71

19	<input type="checkbox"/>
22	<input type="checkbox"/>
45	<input type="checkbox"/>
51	<input type="checkbox"/>
65	<input type="checkbox"/>

72

11	<input type="checkbox"/>
82	<input type="checkbox"/>
120	<input type="checkbox"/>
88	<input type="checkbox"/>
99	<input type="checkbox"/>

73

144	<input type="checkbox"/>
410	<input type="checkbox"/>
140	<input type="checkbox"/>
14	<input type="checkbox"/>
41	<input type="checkbox"/>

74

12.50	<input type="checkbox"/>
9.50	<input type="checkbox"/>
7.55	<input type="checkbox"/>
8.25	<input type="checkbox"/>
6.00	<input type="checkbox"/>

75

63	<input type="checkbox"/>
54	<input type="checkbox"/>
40	<input type="checkbox"/>
36	<input type="checkbox"/>
18	<input type="checkbox"/>

76

48	<input type="checkbox"/>
84	<input type="checkbox"/>
26	<input type="checkbox"/>
44	<input type="checkbox"/>
28	<input type="checkbox"/>

77

F	<input type="checkbox"/>
M	<input type="checkbox"/>
L	<input type="checkbox"/>
N	<input type="checkbox"/>
Q	<input type="checkbox"/>

78

IJ	<input type="checkbox"/>
KL	<input type="checkbox"/>
NO	<input type="checkbox"/>
JI	<input type="checkbox"/>
FG	<input type="checkbox"/>

77

MNO	<input type="checkbox"/>
XYZ	<input type="checkbox"/>
RST	<input type="checkbox"/>
UVX	<input type="checkbox"/>
KLM	<input type="checkbox"/>

80

FH	<input type="checkbox"/>
KM	<input type="checkbox"/>
DE	<input type="checkbox"/>
DF	<input type="checkbox"/>
NO	<input type="checkbox"/>

81

18	<input type="checkbox"/>
15	<input type="checkbox"/>
17	<input type="checkbox"/>
19	<input type="checkbox"/>
16	<input type="checkbox"/>

82

42	<input type="checkbox"/>
26	<input type="checkbox"/>
24	<input type="checkbox"/>
19	<input type="checkbox"/>
21	<input type="checkbox"/>

83

12	<input type="checkbox"/>
16	<input type="checkbox"/>
18	<input type="checkbox"/>
20	<input type="checkbox"/>
17	<input type="checkbox"/>

84

22	<input type="checkbox"/>
14	<input type="checkbox"/>
28	<input type="checkbox"/>
30	<input type="checkbox"/>
16	<input type="checkbox"/>

85

5	<input type="checkbox"/>
4	<input type="checkbox"/>
8	<input type="checkbox"/>
6	<input type="checkbox"/>
9	<input type="checkbox"/>

86

cent	<input type="checkbox"/>
wrapping	<input type="checkbox"/>
dollar	<input type="checkbox"/>
buying	<input type="checkbox"/>
dime	<input type="checkbox"/>
giving	<input type="checkbox"/>

87

solid	<input type="checkbox"/>
wake	<input type="checkbox"/>
liquid	<input type="checkbox"/>
dress	<input type="checkbox"/>
gas	<input type="checkbox"/>
wash	<input type="checkbox"/>

88

city	<input type="checkbox"/>
walk	<input type="checkbox"/>
village	<input type="checkbox"/>
canter	<input type="checkbox"/>
town	<input type="checkbox"/>
gallop	<input type="checkbox"/>

89

mouse	<input type="checkbox"/>
close	<input type="checkbox"/>
rabbit	<input type="checkbox"/>
closer	<input type="checkbox"/>
horse	<input type="checkbox"/>
closest	<input type="checkbox"/>

90

obtuse	<input type="checkbox"/>
acute	<input type="checkbox"/>
cello	<input type="checkbox"/>
right	<input type="checkbox"/>
violin	<input type="checkbox"/>
viola	<input type="checkbox"/>

91

3hr 55min	<input type="checkbox"/>
2hr 15min	<input type="checkbox"/>
3hr 45min	<input type="checkbox"/>
1hr 25min	<input type="checkbox"/>
3hr 50min	<input type="checkbox"/>

92

1hr 15min	<input type="checkbox"/>
3hr 5min	<input type="checkbox"/>
1hr 30min	<input type="checkbox"/>
2hr 5min	<input type="checkbox"/>
1hr 25min	<input type="checkbox"/>

93

0hr 0min	<input type="checkbox"/>
1hr 15min	<input type="checkbox"/>
3hr 5min	<input type="checkbox"/>
3hr 5min	<input type="checkbox"/>
3hr 5min	<input type="checkbox"/>

94

14.35	<input type="checkbox"/>
16.35	<input type="checkbox"/>
17.35	<input type="checkbox"/>
15.15	<input type="checkbox"/>
12.00	<input type="checkbox"/>

95

14.30	<input type="checkbox"/>
15.30	<input type="checkbox"/>
16.30	<input type="checkbox"/>
14.00	<input type="checkbox"/>
18.00	<input type="checkbox"/>

96

G	<input type="checkbox"/>
M	<input type="checkbox"/>
K	<input type="checkbox"/>
X	<input type="checkbox"/>
D	<input type="checkbox"/>

97

L	<input type="checkbox"/>
P	<input type="checkbox"/>
A	<input type="checkbox"/>
U	<input type="checkbox"/>
H	<input type="checkbox"/>

98

C	<input type="checkbox"/>
N	<input type="checkbox"/>
J	<input type="checkbox"/>
Z	<input type="checkbox"/>
W	<input type="checkbox"/>

99

R	<input type="checkbox"/>
T	<input type="checkbox"/>
J	<input type="checkbox"/>
X	<input type="checkbox"/>
S	<input type="checkbox"/>

100

F	<input type="checkbox"/>
N	<input type="checkbox"/>
A	<input type="checkbox"/>
I	<input type="checkbox"/>
O	<input type="checkbox"/>

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## **END OF TEST**

**LOOK OVER YOUR WORK UNTIL TIME  
IS UP AND MAKE SURE THAT YOU  
HAVE NOT MISSED A PAGE.**

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# LEARNING TOGETHER

**multiple choice pupil answer sheet for  
E-paper Verbal Reasoning TEST 10**

Complete these details.

Today's date:- Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Your surname in capitals \_\_\_\_\_

Your first name in capitals \_\_\_\_\_



Page	Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
<b>Total Score</b>	

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**LEARNING TOGETHER VERBAL REASONING EPAPER NUMBER 10  
MULTIPLE CHOICE PUPIL ANSWER SHEET**

**PLEASE MARK BOXES WITH A SINGLE LINE**   
**DO NOT MARK OUTSIDE THE BOXES**

1	R <input type="checkbox"/>	2	M <input type="checkbox"/>	3	9 <input type="checkbox"/>	4	84 <input type="checkbox"/>	5	28 <input type="checkbox"/>
	A <input type="checkbox"/>		I <input type="checkbox"/>		36 <input type="checkbox"/>		42 <input type="checkbox"/>		32 <input type="checkbox"/>
	D <input type="checkbox"/>		T <input type="checkbox"/>		32 <input type="checkbox"/>		35 <input type="checkbox"/>		7 <input type="checkbox"/>
	L <input type="checkbox"/>		S <input type="checkbox"/>		8 <input type="checkbox"/>		66 <input type="checkbox"/>		24 <input type="checkbox"/>
	I <input type="checkbox"/>		N <input type="checkbox"/>		40 <input type="checkbox"/>		36 <input type="checkbox"/>		8 <input type="checkbox"/>

6	PAGE <input type="checkbox"/>	7	PAGE <input type="checkbox"/>	8	PAGE <input type="checkbox"/>	9	PAGE <input type="checkbox"/>	10	PAGE <input type="checkbox"/>
	OVEN <input type="checkbox"/>		OVEN <input type="checkbox"/>		OVEN <input type="checkbox"/>		OVEN <input type="checkbox"/>		OVEN <input type="checkbox"/>
	MANE <input type="checkbox"/>		MANE <input type="checkbox"/>		MANE <input type="checkbox"/>		MANE <input type="checkbox"/>		MANE <input type="checkbox"/>
	KEPT <input type="checkbox"/>		KEPT <input type="checkbox"/>		KEPT <input type="checkbox"/>		KEPT <input type="checkbox"/>		KEPT <input type="checkbox"/>
	FIND <input type="checkbox"/>		FIND <input type="checkbox"/>		FIND <input type="checkbox"/>		FIND <input type="checkbox"/>		FIND <input type="checkbox"/>

<b>EXAMPLE</b>	11	12	13	14	15
wood <input checked="" type="checkbox"/>	The <input type="checkbox"/>	built <input type="checkbox"/>	got <input type="checkbox"/>	numbers <input type="checkbox"/>	was <input type="checkbox"/>
was <input type="checkbox"/>	shadows <input type="checkbox"/>	a <input type="checkbox"/>	had <input type="checkbox"/>	in <input type="checkbox"/>	attacked <input type="checkbox"/>
of <input type="checkbox"/>	shone <input type="checkbox"/>	nest <input type="checkbox"/>	and <input type="checkbox"/>	stored <input type="checkbox"/>	postman <input type="checkbox"/>
made <input type="checkbox"/>	and <input type="checkbox"/>	raised <input type="checkbox"/>	replaced <input type="checkbox"/>	telephone <input type="checkbox"/>	dog <input type="checkbox"/>
table <input checked="" type="checkbox"/>	sun <input type="checkbox"/>	young <input type="checkbox"/>	wet <input type="checkbox"/>	it <input type="checkbox"/>	bitten <input type="checkbox"/>

<b>EXAMPLE</b>	16	17	18	19	20	21
E <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	E <input type="checkbox"/>	D <input type="checkbox"/>	Y <input type="checkbox"/>	T <input type="checkbox"/>
D <input checked="" type="checkbox"/>	E <input type="checkbox"/>	P <input type="checkbox"/>	R <input type="checkbox"/>	N <input type="checkbox"/>	U <input type="checkbox"/>	P <input type="checkbox"/>
R <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	Y <input type="checkbox"/>	M <input type="checkbox"/>	P <input type="checkbox"/>	M <input type="checkbox"/>
T <input type="checkbox"/>	O <input type="checkbox"/>	E <input type="checkbox"/>	P <input type="checkbox"/>	K <input type="checkbox"/>	E <input type="checkbox"/>	C <input type="checkbox"/>
N <input type="checkbox"/>	T <input type="checkbox"/>	R <input type="checkbox"/>	D <input type="checkbox"/>	L <input type="checkbox"/>	L <input type="checkbox"/>	K <input type="checkbox"/>

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**EXAMPLE**

CORN <input type="checkbox"/>	OVER <input type="checkbox"/>
FARM <input checked="" type="checkbox"/>	FIELD <input type="checkbox"/>
TIME <input type="checkbox"/>	YARD <input checked="" type="checkbox"/>

22

NEWS <input type="checkbox"/>	DOG <input type="checkbox"/>
WORD <input type="checkbox"/>	PAPER <input type="checkbox"/>
WRITE <input type="checkbox"/>	KIT <input type="checkbox"/>

23

SHINE <input type="checkbox"/>	FISH <input type="checkbox"/>
STAR <input type="checkbox"/>	SHADOW <input type="checkbox"/>
COLD <input type="checkbox"/>	LED <input type="checkbox"/>

24

MONTH <input type="checkbox"/>	END <input type="checkbox"/>
ONE <input type="checkbox"/>	TIME <input type="checkbox"/>
WEEK <input type="checkbox"/>	SOME <input type="checkbox"/>

25

POP <input type="checkbox"/>	TEN <input type="checkbox"/>
PAT <input type="checkbox"/>	OIL <input type="checkbox"/>
PINE <input type="checkbox"/>	CORN <input type="checkbox"/>

26

AT <input type="checkbox"/>	BREAD <input type="checkbox"/>
SO <input type="checkbox"/>	ATTEND <input type="checkbox"/>
GINGER <input type="checkbox"/>	IT <input type="checkbox"/>

**EXAMPLE**

T <input type="checkbox"/>
H <input checked="" type="checkbox"/>
A <input type="checkbox"/>
N <input type="checkbox"/>
K <input type="checkbox"/>

27

C <input type="checkbox"/>
L <input type="checkbox"/>
A <input type="checkbox"/>
M <input type="checkbox"/>
P <input type="checkbox"/>

28

S <input type="checkbox"/>
T <input type="checkbox"/>
O <input type="checkbox"/>
R <input type="checkbox"/>
E <input type="checkbox"/>

29

E <input type="checkbox"/>
R <input type="checkbox"/>
A <input type="checkbox"/>
S <input type="checkbox"/>
E <input type="checkbox"/>

30

E <input type="checkbox"/>
N <input type="checkbox"/>
V <input type="checkbox"/>
O <input type="checkbox"/>
Y <input type="checkbox"/>

31

K <input type="checkbox"/>
I <input type="checkbox"/>
N <input type="checkbox"/>
D <input type="checkbox"/>
S <input type="checkbox"/>

32

S <input type="checkbox"/>
T <input type="checkbox"/>
A <input type="checkbox"/>
L <input type="checkbox"/>
E <input type="checkbox"/>

33

English <input type="checkbox"/>
French <input type="checkbox"/>
Italian <input type="checkbox"/>
German <input type="checkbox"/>
Spanish <input type="checkbox"/>

34

English <input type="checkbox"/>
French <input type="checkbox"/>
Italian <input type="checkbox"/>
German <input type="checkbox"/>
Spanish <input type="checkbox"/>

35

English <input type="checkbox"/>
French <input type="checkbox"/>
Italian <input type="checkbox"/>
German <input type="checkbox"/>
Spanish <input type="checkbox"/>

36

English <input type="checkbox"/>
French <input type="checkbox"/>
Italian <input type="checkbox"/>
German <input type="checkbox"/>
Spanish <input type="checkbox"/>

37

English <input type="checkbox"/>
French <input type="checkbox"/>
Italian <input type="checkbox"/>
German <input type="checkbox"/>
Spanish <input type="checkbox"/>

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**EXAMPLE**

shut	■	in	□
door	□	down	■
room	□	out	□

38

travel	□	depart	□
arrive	□	go	□
time	□	there	□

39

foolish	□	advise	□
clever	□	learn	□
think	□	wise	□

40

hot	□	scorching	□
tepid	□	cold	□
cool	□	temperature	□

41

delete	□	money	□
sum	□	credit	□
debit	□	owe	□

42

over	□	beside	□
out	□	under	□
below	□	around	□

43

September	□
October	□
March	□
February	□
December	□

44

Thursday	□
Friday	□
Monday	□
Tuesday	□
Sunday	□

45

1	□
2	□
3	□
4	□
5	□

46

12 <sup>th</sup>	□
15 <sup>th</sup>	□
16 <sup>th</sup>	□
18 <sup>th</sup>	□
20 <sup>th</sup>	□

47

Monday	□
Friday	□
Wednesday	□
Saturday	□
Tuesday	□

48

6 <sup>th</sup>	□
5 <sup>th</sup>	□
8 <sup>th</sup>	□
9 <sup>th</sup>	□
10 <sup>th</sup>	□

49

61	□
57	□
59	□
63	□
47	□

50

10	□
21	□
12	□
15	□
17	□

51

37	□
39	□
78	□
83	□
58	□

52

8.5	□
6.4	□
3.6	□
5.6	□
0.8	□

**EXAMPLE**

shut	<input checked="" type="checkbox"/>	in	<input type="checkbox"/>
door	<input type="checkbox"/>	down	<input checked="" type="checkbox"/>
room	<input type="checkbox"/>	out	<input type="checkbox"/>

53

tea	<input type="checkbox"/>	eat	<input type="checkbox"/>
drink	<input type="checkbox"/>	chips	<input type="checkbox"/>
china	<input type="checkbox"/>	knife	<input type="checkbox"/>

54

park	<input type="checkbox"/>	wool	<input type="checkbox"/>
wildlife	<input type="checkbox"/>	lamb	<input type="checkbox"/>
venison	<input type="checkbox"/>	mutton	<input type="checkbox"/>

55

handlebars	<input type="checkbox"/>	door	<input type="checkbox"/>
tyre	<input type="checkbox"/>	drive	<input type="checkbox"/>
ride	<input type="checkbox"/>	child	<input type="checkbox"/>

56

calf	<input type="checkbox"/>	milk	<input type="checkbox"/>
ocean	<input type="checkbox"/>	kid	<input type="checkbox"/>
swim	<input type="checkbox"/>	horn	<input type="checkbox"/>

57

wire	<input type="checkbox"/>	build	<input type="checkbox"/>
bell	<input type="checkbox"/>	brick	<input type="checkbox"/>
cooker	<input type="checkbox"/>	house	<input type="checkbox"/>

58

LLAMS	<input type="checkbox"/>
TINY	<input type="checkbox"/>
LARGE	<input type="checkbox"/>
SAMLL	<input type="checkbox"/>
SMALL	<input type="checkbox"/>

59

APRIL	<input type="checkbox"/>
CHARM	<input type="checkbox"/>
MARCH	<input type="checkbox"/>
JULY	<input type="checkbox"/>
JUNE	<input type="checkbox"/>

60

MINUS	<input type="checkbox"/>
TTBUSCAR	<input type="checkbox"/>
SUBTRACT	<input type="checkbox"/>
ADDITION	<input type="checkbox"/>
TAKE	<input type="checkbox"/>

61

HAPPY	<input type="checkbox"/>
DATED	<input type="checkbox"/>
ELATED	<input type="checkbox"/>
DTEELA	<input type="checkbox"/>
CHIRPY	<input type="checkbox"/>

62

CALM	<input type="checkbox"/>
URTNQALI	<input type="checkbox"/>
TRANQUIL	<input type="checkbox"/>
RESTING	<input type="checkbox"/>
QUIET	<input type="checkbox"/>

63

F	<input type="checkbox"/>
E	<input type="checkbox"/>
H	<input type="checkbox"/>
G	<input type="checkbox"/>
Z	<input type="checkbox"/>

64

FG	<input type="checkbox"/>
JI	<input type="checkbox"/>
EX	<input type="checkbox"/>
FZ	<input type="checkbox"/>
EV	<input type="checkbox"/>

65

P	<input type="checkbox"/>
R	<input type="checkbox"/>
W	<input type="checkbox"/>
Q	<input type="checkbox"/>
F	<input type="checkbox"/>

66

ONM	<input type="checkbox"/>
MNM	<input type="checkbox"/>
NOM	<input type="checkbox"/>
MNO	<input type="checkbox"/>
OMN	<input type="checkbox"/>

67

26	<input type="checkbox"/>
23	<input type="checkbox"/>
16	<input type="checkbox"/>
8	<input type="checkbox"/>
42	<input type="checkbox"/>

68

1.7	<input type="checkbox"/>
2.8	<input type="checkbox"/>
8.6	<input type="checkbox"/>
5.8	<input type="checkbox"/>
6.8	<input type="checkbox"/>

69

0	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input type="checkbox"/>
10	<input type="checkbox"/>
22	<input type="checkbox"/>

70

41	<input type="checkbox"/>
54	<input type="checkbox"/>
36	<input type="checkbox"/>
65	<input type="checkbox"/>
59	<input type="checkbox"/>

71

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

72

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

73

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

74

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

75

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

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**EXAMPLE**

cat   
bar   
ball   
late   
car

76

pea   
pal   
lap   
ape   
ale

77

den   
tar   
art   
rat   
mat

78

team   
item   
seam   
meat   
term

79

cubs   
bust   
earn   
club   
barn

80

have   
that   
then   
item   
stem

81

UBXEFHG   
BUXJFKB   
EXDPLQE   
HAAMLOP   
REFTHYE

82

XOPRTGX   
LREPXRL   
ROMPUHR   
MOBMXOB   
NOBMKFN

83

HOLIXVA   
JLIGDAY   
VXAFIE   
ELIFAXV   
THYFRSD

84

TICKET   
ROCKET   
POCKET   
STOCKS   
LOCKET

85

COMPUTE   
CONTEND   
CONFIRM   
CONDEMN   
COMPETE

86

ALAN   
BRIAN   
COLIN   
DARREN   
ERIC

87

ALAN   
BRIAN   
COLIN   
DARREN   
ERIC

88

ALAN   
BRIAN   
COLIN   
DARREN   
ERIC

89

ALAN   
BRIAN   
COLIN   
DARREN   
ERIC

90

ALAN   
BRIAN   
COLIN   
DARREN   
ERIC

91

rate   
serial   
late   
aerial   
tame

92

team   
tale   
meat   
lame   
same

93

A   
B   
C   
D   
E

94

A   
B   
C   
D   
E

95

5   
15   
10   
23   
8

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	29 <input type="checkbox"/>
	25 <input type="checkbox"/>
	34 <input type="checkbox"/>
	27 <input type="checkbox"/>

97	35 <input type="checkbox"/>
	30 <input type="checkbox"/>
	28 <input type="checkbox"/>
	27 <input type="checkbox"/>
	26 <input type="checkbox"/>

98	27 <input type="checkbox"/>
	31 <input type="checkbox"/>
	35 <input type="checkbox"/>
	28 <input type="checkbox"/>
	26 <input type="checkbox"/>

99	35 <input type="checkbox"/>
	29 <input type="checkbox"/>
	27 <input type="checkbox"/>
	31 <input type="checkbox"/>
	25 <input type="checkbox"/>

100	34 <input type="checkbox"/>
	26 <input type="checkbox"/>
	35 <input type="checkbox"/>
	28 <input type="checkbox"/>
	31 <input type="checkbox"/>

---

## END OF TEST

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Complete these details.

Today's date:- Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Your surname in capitals \_\_\_\_\_

Your first name in capitals \_\_\_\_\_



Page	Score
1	
2	
3	
4	
5	
Total Score	

**Read this advice and instructions on completing this test.**

**Please note that this test may be completed in the standard way or by using the multiple choice pupil answer sheet provided.**

- 1. There are 50 questions in this DOWNLOADED test.**
- 2. Start at question 1 and work your way to question 50.**
- 3. If you are unable to complete a question leave it and go to the next one.**
- 4. Do not think about the question you have just left as this wastes time.**
- 5. If you change an answer make sure the change is clear.**
- 6. Make sure you spell correctly.**
- 7. You may do any rough work on the test paper or on another piece of paper.**
- 8. This test should take approximately 20 minutes.**
- 9. When you have finished this test mark it with an adult.**
- 10. An adult may be able to explain any questions that you do not understand.**

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MULTIPLE CHOICE PUPIL ANSWER SHEET**

**PLEASE MARK BOXES WITH A SINGLE LINE  =**  
**DO NOT MARK OUTSIDE THE BOXES**

<b>EXAMPLE</b> wood <input checked="" type="checkbox"/> was <input type="checkbox"/> of <input type="checkbox"/> made <input type="checkbox"/> table <input checked="" type="checkbox"/>	<b>1</b> team <input type="checkbox"/> school <input type="checkbox"/> skill <input type="checkbox"/> the <input type="checkbox"/> of <input type="checkbox"/>	<b>2</b> sold <input type="checkbox"/> car <input type="checkbox"/> with <input type="checkbox"/> bald <input type="checkbox"/> young <input type="checkbox"/>	<b>3</b> girls <input type="checkbox"/> are <input type="checkbox"/> than <input type="checkbox"/> at <input type="checkbox"/> our <input type="checkbox"/>	<b>4</b> Father <input type="checkbox"/> made <input type="checkbox"/> Halloween <input type="checkbox"/> bonfire <input type="checkbox"/> for <input type="checkbox"/>	<b>5</b> exam <input type="checkbox"/> worked <input type="checkbox"/> their <input type="checkbox"/> at <input type="checkbox"/> pupils <input type="checkbox"/>
---	---	---	--	--	--

<b>6</b> 24 <input type="checkbox"/> 15 <input type="checkbox"/> 8 <input type="checkbox"/> 40 <input type="checkbox"/> 75 <input type="checkbox"/>	<b>7</b> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 5 <input type="checkbox"/> 40 <input type="checkbox"/> 15 <input type="checkbox"/>	<b>8</b> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 8 <input type="checkbox"/> 22 <input type="checkbox"/>	<b>9</b> 66 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/>	<b>10</b> 50 <input type="checkbox"/> 39 <input type="checkbox"/> 41 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/>
--	--	--	--	--

<b>11</b> Mary <input type="checkbox"/> Rachael <input type="checkbox"/> Janet <input type="checkbox"/> Paula <input type="checkbox"/> Jill <input type="checkbox"/>	<b>12</b> Mary <input type="checkbox"/> Rachael <input type="checkbox"/> Janet <input type="checkbox"/> Paula <input type="checkbox"/> Jill <input type="checkbox"/>	<b>13</b> Mary <input type="checkbox"/> Rachael <input type="checkbox"/> Janet <input type="checkbox"/> Paula <input type="checkbox"/> Jill <input type="checkbox"/>	<b>14</b> Mary <input type="checkbox"/> Rachael <input type="checkbox"/> Janet <input type="checkbox"/> Paula <input type="checkbox"/> Jill <input type="checkbox"/>	<b>15</b> Mary <input type="checkbox"/> Rachael <input type="checkbox"/> Janet <input type="checkbox"/> Paula <input type="checkbox"/> Jill <input type="checkbox"/>
---	---	---	---	---

<b>16</b> T <input type="checkbox"/> P <input type="checkbox"/> X <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/>	<b>17</b> M <input type="checkbox"/> N <input type="checkbox"/> Q <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/>	<b>18</b> UF <input type="checkbox"/> GH <input type="checkbox"/> HJ <input type="checkbox"/> FU <input type="checkbox"/> KL <input type="checkbox"/>	<b>19</b> K <input type="checkbox"/> G <input type="checkbox"/> J <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>	<b>20</b> 48 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 24 <input type="checkbox"/> 6 <input type="checkbox"/>	<b>21</b> 30 <input type="checkbox"/> 84 <input type="checkbox"/> 48 <input type="checkbox"/> 22 <input type="checkbox"/> 6 <input type="checkbox"/>	<b>22</b> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 24 <input type="checkbox"/> 48 <input type="checkbox"/> 12 <input type="checkbox"/>
---	---	--	---	---	---	--

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**EXAMPLE**  
FINE   
LINE   
DINE   
UNDER   
MINE

23  
PARK   
LARK   
DARK   
MARK   
BARK

24  
RUIN   
READ   
TOUR   
TURN   
BURN

25  
MASH   
CART   
RASH   
DASH   
MASH

---

**EXAMPLE**  
E   
D   
R   
T   
N

26  
L   
M   
I   
F   
K

27  
K   
N   
H   
W   
P

28  
P   
S   
M   
F   
B

29  
P   
D   
K   
R   
T

30  
T   
Y   
M   
K   
L

31  
L   
S   
M   
T   
R

---

32  
A   
B   
C   
D   
E

33  
A   
B   
C   
D   
E

34  
A   
B   
C   
D   
E

35  
A   
B   
C   
D   
E

36  
A   
B   
C   
D   
E

---

37  
12   
18   
14   
16   
22

38  
4   
9   
16   
1   
25

39  
841   
123   
564   
481   
987

40  
(72,32)   
(32,72)   
(46,24)   
(56,16)   
(74,32)

41  
1.7   
2.6   
3.6   
4.5   
3.5

---

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42

NW	<input type="checkbox"/>
NE	<input type="checkbox"/>
SW	<input type="checkbox"/>
E	<input type="checkbox"/>
SE	<input type="checkbox"/>

43

N	<input type="checkbox"/>
S	<input type="checkbox"/>
W	<input type="checkbox"/>
SE	<input type="checkbox"/>
NE	<input type="checkbox"/>

44

SW	<input type="checkbox"/>
NW	<input type="checkbox"/>
NE	<input type="checkbox"/>
NW	<input type="checkbox"/>
SE	<input type="checkbox"/>

45

W	<input type="checkbox"/>
SE	<input type="checkbox"/>
NW	<input type="checkbox"/>
NE	<input type="checkbox"/>
SW	<input type="checkbox"/>

**EXAMPLE**

in	<input checked="" type="checkbox"/>	out	<input checked="" type="checkbox"/>
over	<input type="checkbox"/>	on	<input type="checkbox"/>
through	<input type="checkbox"/>	beside	<input type="checkbox"/>

46

over	<input type="checkbox"/>	words	<input type="checkbox"/>
write	<input type="checkbox"/>	left	<input type="checkbox"/>
right	<input type="checkbox"/>	behind	<input type="checkbox"/>

47

soft	<input type="checkbox"/>	wash	<input type="checkbox"/>
clothes	<input type="checkbox"/>	hard	<input type="checkbox"/>
clean	<input type="checkbox"/>	linen	<input type="checkbox"/>

48

swim	<input type="checkbox"/>	sink	<input type="checkbox"/>
float	<input type="checkbox"/>	wet	<input type="checkbox"/>
pool	<input type="checkbox"/>	dry	<input type="checkbox"/>

49

top	<input type="checkbox"/>	above	<input type="checkbox"/>
spin	<input type="checkbox"/>	bottom	<input type="checkbox"/>
around	<input type="checkbox"/>	below	<input type="checkbox"/>

50

sad	<input type="checkbox"/>	tears	<input type="checkbox"/>
laugh	<input type="checkbox"/>	happy	<input type="checkbox"/>
weep	<input type="checkbox"/>	grin	<input type="checkbox"/>

**END OF TEST**

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