

Pupil's Name:

School Name:

Date of Test:

Final Score:  /25

DATE OF BIRTH			
Day		Month	Year
[0]	[0]	January	<input type="checkbox"/> 2002 <input type="checkbox"/>
[1]	[1]	February	<input type="checkbox"/> 2003 <input type="checkbox"/>
[2]	[2]	March	<input type="checkbox"/> 2004 <input type="checkbox"/>
[3]	[3]	April	<input type="checkbox"/> 2005 <input type="checkbox"/>
[4]	[4]	May	<input type="checkbox"/> 2006 <input type="checkbox"/>
[5]	[5]	June	<input type="checkbox"/> 2007 <input type="checkbox"/>
[6]	[6]	July	<input type="checkbox"/> 2008 <input type="checkbox"/>
[7]	[7]	August	<input type="checkbox"/> 2009 <input type="checkbox"/>
[8]	[8]	September	<input type="checkbox"/> 2010 <input type="checkbox"/>
[9]	[9]	October	<input type="checkbox"/> 2011 <input type="checkbox"/>
		November	<input type="checkbox"/> 2012 <input type="checkbox"/>
		December	<input type="checkbox"/> 2013 <input type="checkbox"/>

Please mark boxes with a thin horizontal line like this 

PUPIL NUMBER						SCHOOL NUMBER									
[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]

Letter Codes

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

Letter Series

<b>6</b>	A <input type="checkbox"/>	<b>7</b>	A <input type="checkbox"/>	<b>8</b>	A <input type="checkbox"/>	<b>9</b>	A <input type="checkbox"/>	<b>10</b>	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Number Analogies

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

Antonyms

<b>16</b>	A <input type="checkbox"/>	<b>17</b>	A <input type="checkbox"/>	<b>18</b>	A <input type="checkbox"/>	<b>19</b>	A <input type="checkbox"/>	<b>20</b>	A <input type="checkbox"/>	<b>21</b>	A <input type="checkbox"/>	<b>22</b>	A <input type="checkbox"/>	<b>23</b>	A <input type="checkbox"/>	<b>24</b>	A <input type="checkbox"/>	<b>25</b>	A <input type="checkbox"/>
	B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>		B <input type="checkbox"/>
	C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>		C <input type="checkbox"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>
	F <input type="checkbox"/>		F <input type="checkbox"/>		F <input type="checkbox"/>		F <input type="checkbox"/>		F <input type="checkbox"/>		F <input type="checkbox"/>		F <input type="checkbox"/>		F <input type="checkbox"/>		F <input type="checkbox"/>		F <input type="checkbox"/>