



Pupil's Name

School Name

DATE OF TEST		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

UNIQUE PUPIL NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SCHOOL NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE OF BIRTH		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please mark boxes with a thin horizontal line like this .

EXAMPLE The film <input type="checkbox"/> film ended <input checked="" type="checkbox"/> ended happily <input type="checkbox"/> happily after <input type="checkbox"/> after all. <input type="checkbox"/>	1 His boss <input type="checkbox"/> boss made <input type="checkbox"/> made allocations <input type="checkbox"/> allocations for <input type="checkbox"/> for staff. <input type="checkbox"/>	2 The vocal <input type="checkbox"/> vocal music <input type="checkbox"/> music was <input type="checkbox"/> was incredibly <input type="checkbox"/> incredibly beautiful. <input type="checkbox"/>	3 She dived <input type="checkbox"/> dived elegantly <input type="checkbox"/> elegantly into <input type="checkbox"/> into the <input type="checkbox"/> the pool. <input type="checkbox"/>	4 The delayed <input type="checkbox"/> delayed passenger <input type="checkbox"/> passenger estimated <input type="checkbox"/> estimated his <input type="checkbox"/> his arrival. <input type="checkbox"/>	5 The tiny <input type="checkbox"/> tiny green <input type="checkbox"/> green boat <input type="checkbox"/> boat sailed <input type="checkbox"/> sailed slowly. <input type="checkbox"/>
6 The yard <input type="checkbox"/> yard was <input type="checkbox"/> was full <input type="checkbox"/> full of <input type="checkbox"/> of mess. <input type="checkbox"/>	7 Alice made <input type="checkbox"/> made cake <input type="checkbox"/> cake for <input type="checkbox"/> for afternoon <input type="checkbox"/> afternoon treats. <input type="checkbox"/>				

EXAMPLE morning <input type="checkbox"/> late <input checked="" type="checkbox"/> early <input checked="" type="checkbox"/> shop <input type="checkbox"/> wake <input type="checkbox"/> dark <input type="checkbox"/>	8 approach <input type="checkbox"/> disregard <input type="checkbox"/> hinder <input type="checkbox"/> think <input type="checkbox"/> consider <input type="checkbox"/> recommend <input type="checkbox"/>	9 friend <input type="checkbox"/> family <input type="checkbox"/> relative <input type="checkbox"/> child <input type="checkbox"/> pet <input type="checkbox"/> enemy <input type="checkbox"/>	10 hard <input type="checkbox"/> stiff <input type="checkbox"/> agile <input type="checkbox"/> quick <input type="checkbox"/> flexible <input type="checkbox"/> delicate <input type="checkbox"/>
11 aid <input type="checkbox"/> float <input type="checkbox"/> sink <input type="checkbox"/> support <input type="checkbox"/> reduce <input type="checkbox"/> drop <input type="checkbox"/>	12 joy <input type="checkbox"/> curiosity <input type="checkbox"/> wonder <input type="checkbox"/> sorrow <input type="checkbox"/> amazement <input type="checkbox"/> frustration <input type="checkbox"/>	13 release <input type="checkbox"/> delay <input type="checkbox"/> travel <input type="checkbox"/> move <input type="checkbox"/> engage <input type="checkbox"/> seize <input type="checkbox"/>	14 calm <input type="checkbox"/> order <input type="checkbox"/> chaos <input type="checkbox"/> quiet <input type="checkbox"/> neat <input type="checkbox"/> tired <input type="checkbox"/>
15 disastrous <input type="checkbox"/> outrageous <input type="checkbox"/> ridiculous <input type="checkbox"/> exciting <input type="checkbox"/> perplexing <input type="checkbox"/> serious <input type="checkbox"/>			

EXAMPLE 16 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/>	16 403 <input type="checkbox"/> 404 <input type="checkbox"/> 417 <input type="checkbox"/> 419 <input type="checkbox"/> 445 <input type="checkbox"/>	17 432 <input type="checkbox"/> 504 <input type="checkbox"/> 528 <input type="checkbox"/> 574 <input type="checkbox"/> 576 <input type="checkbox"/>	18 27 <input type="checkbox"/> 31 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 37 <input type="checkbox"/>	19 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/>	20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/>	21 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/>	22 1458 <input type="checkbox"/> 2187 <input type="checkbox"/> 2916 <input type="checkbox"/> 3645 <input type="checkbox"/> 4374 <input type="checkbox"/>	23 8 <input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 13 <input type="checkbox"/> 15 <input type="checkbox"/>
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EXAMPLE LAD <input type="checkbox"/> LAW <input checked="" type="checkbox"/> HAD <input type="checkbox"/> RAW <input type="checkbox"/> RED <input type="checkbox"/>	24 ATE <input type="checkbox"/> BOO <input type="checkbox"/> LOW <input type="checkbox"/> BOW <input type="checkbox"/> ACT <input type="checkbox"/>	25 ACT <input type="checkbox"/> RAN <input type="checkbox"/> ERR <input type="checkbox"/> ATE <input type="checkbox"/> EAR <input type="checkbox"/>	26 ARE <input type="checkbox"/> TEE <input type="checkbox"/> MAT <input type="checkbox"/> TEA <input type="checkbox"/> LAW <input type="checkbox"/>	27 RAP <input type="checkbox"/> LAP <input type="checkbox"/> ILL <input type="checkbox"/> AIM <input type="checkbox"/> EAR <input type="checkbox"/>	28 ARE <input type="checkbox"/> YOU <input type="checkbox"/> AIR <input type="checkbox"/> ANY <input type="checkbox"/> OUR <input type="checkbox"/>	29 RAN <input type="checkbox"/> TEA <input type="checkbox"/> WIN <input type="checkbox"/> TAR <input type="checkbox"/> WON <input type="checkbox"/>	30 OUR <input type="checkbox"/> RAT <input type="checkbox"/> BEE <input type="checkbox"/> SIT <input type="checkbox"/> MEN <input type="checkbox"/>	31 TIN <input type="checkbox"/> SEA <input type="checkbox"/> MET <input type="checkbox"/> PIT <input type="checkbox"/> BUT <input type="checkbox"/>
---	---	---	---	---	---	---	---	---

EXAMPLE RT <input type="checkbox"/> SR <input type="checkbox"/> ST <input type="checkbox"/> RS <input checked="" type="checkbox"/> QR <input type="checkbox"/>	32 XH <input type="checkbox"/> FG <input type="checkbox"/> XO <input type="checkbox"/> FO <input type="checkbox"/> XG <input type="checkbox"/>	33 ZU <input type="checkbox"/> HO <input type="checkbox"/> AU <input type="checkbox"/> ZO <input type="checkbox"/> HN <input type="checkbox"/>	34 DA <input type="checkbox"/> YZ <input type="checkbox"/> XZ <input type="checkbox"/> XB <input type="checkbox"/> YD <input type="checkbox"/>	35 AP <input type="checkbox"/> ZP <input type="checkbox"/> KL <input type="checkbox"/> KN <input type="checkbox"/> AL <input type="checkbox"/>	36 GZ <input type="checkbox"/> WB <input type="checkbox"/> WZ <input type="checkbox"/> GB <input type="checkbox"/> XB <input type="checkbox"/>	37 WB <input type="checkbox"/> QY <input type="checkbox"/> QA <input type="checkbox"/> VA <input type="checkbox"/> WY <input type="checkbox"/>	38 UH <input type="checkbox"/> MH <input type="checkbox"/> UP <input type="checkbox"/> MI <input type="checkbox"/> TP <input type="checkbox"/>
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Please mark boxes with a thin horizontal line like this .

EXAMPLE

small	<input checked="" type="checkbox"/>	apple	<input type="checkbox"/>
orange	<input type="checkbox"/>	red	<input type="checkbox"/>
colour	<input type="checkbox"/>	narrow	<input checked="" type="checkbox"/>

39

picture	<input type="checkbox"/>	watch	<input type="checkbox"/>
recycle	<input type="checkbox"/>	rest	<input type="checkbox"/>
read	<input type="checkbox"/>	broadcast	<input type="checkbox"/>

40

hope	<input type="checkbox"/>	visit	<input type="checkbox"/>
assist	<input type="checkbox"/>	contain	<input type="checkbox"/>
recover	<input type="checkbox"/>	block	<input type="checkbox"/>

41

pea	<input type="checkbox"/>	celery	<input type="checkbox"/>
lemon	<input type="checkbox"/>	tomato	<input type="checkbox"/>
carrot	<input type="checkbox"/>	mushroom	<input type="checkbox"/>

42

crinkle	<input type="checkbox"/>	smooth	<input type="checkbox"/>
energy	<input type="checkbox"/>	fluffy	<input type="checkbox"/>
ocean	<input type="checkbox"/>	sky	<input type="checkbox"/>

43

dig	<input type="checkbox"/>	rinse	<input type="checkbox"/>
break	<input type="checkbox"/>	push	<input type="checkbox"/>
lift	<input type="checkbox"/>	sweep	<input type="checkbox"/>

44

afriad	<input type="checkbox"/>	thoughtful	<input type="checkbox"/>
bold	<input type="checkbox"/>	ambitious	<input type="checkbox"/>
hasty	<input type="checkbox"/>	timid	<input type="checkbox"/>

45

hold	<input type="checkbox"/>	prod	<input type="checkbox"/>
drink	<input type="checkbox"/>	eat	<input type="checkbox"/>
support	<input type="checkbox"/>	divide	<input type="checkbox"/>

EXAMPLE

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

46

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

47

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

48

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

49

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

50

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

51

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

52

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

53

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

EXAMPLE

p	<input type="checkbox"/>
o	<input type="checkbox"/>
u	<input checked="" type="checkbox"/>
n	<input type="checkbox"/>
d	<input type="checkbox"/>

54

d	<input type="checkbox"/>
o	<input type="checkbox"/>
w	<input type="checkbox"/>
n	<input type="checkbox"/>
s	<input type="checkbox"/>

55

b	<input type="checkbox"/>
e	<input type="checkbox"/>
a	<input type="checkbox"/>
r	<input type="checkbox"/>
s	<input type="checkbox"/>

56

f	<input type="checkbox"/>
l	<input type="checkbox"/>
a	<input type="checkbox"/>
k	<input type="checkbox"/>
e	<input type="checkbox"/>

57

l	<input type="checkbox"/>
e	<input type="checkbox"/>
a	<input type="checkbox"/>
p	<input type="checkbox"/>
s	<input type="checkbox"/>

58

b	<input type="checkbox"/>
l	<input type="checkbox"/>
i	<input type="checkbox"/>
n	<input type="checkbox"/>
d	<input type="checkbox"/>

59

t	<input type="checkbox"/>
r	<input type="checkbox"/>
a	<input type="checkbox"/>
i	<input type="checkbox"/>
n	<input type="checkbox"/>

60

f	<input type="checkbox"/>
a	<input type="checkbox"/>
b	<input type="checkbox"/>
l	<input type="checkbox"/>
e	<input type="checkbox"/>

EXAMPLE

ear	<input type="checkbox"/>
tea	<input checked="" type="checkbox"/>
tar	<input type="checkbox"/>
are	<input type="checkbox"/>
eat	<input type="checkbox"/>

61

cane	<input type="checkbox"/>
note	<input type="checkbox"/>
need	<input type="checkbox"/>
neat	<input type="checkbox"/>
date	<input type="checkbox"/>

62

gush	<input type="checkbox"/>
song	<input type="checkbox"/>
gosh	<input type="checkbox"/>
shin	<input type="checkbox"/>
sing	<input type="checkbox"/>

63

riot	<input type="checkbox"/>
root	<input type="checkbox"/>
turn	<input type="checkbox"/>
trip	<input type="checkbox"/>
poor	<input type="checkbox"/>

64

lace	<input type="checkbox"/>
sale	<input type="checkbox"/>
less	<input type="checkbox"/>
seal	<input type="checkbox"/>
case	<input type="checkbox"/>

65

date	<input type="checkbox"/>
time	<input type="checkbox"/>
dame	<input type="checkbox"/>
mate	<input type="checkbox"/>
data	<input type="checkbox"/>

66

shed	<input type="checkbox"/>
rate	<input type="checkbox"/>
seat	<input type="checkbox"/>
dare	<input type="checkbox"/>
sear	<input type="checkbox"/>

67

tear	<input type="checkbox"/>
real	<input type="checkbox"/>
late	<input type="checkbox"/>
tart	<input type="checkbox"/>
rate	<input type="checkbox"/>

EXAMPLE

black	<input type="checkbox"/>
mouse	<input checked="" type="checkbox"/>
red	<input type="checkbox"/>
green	<input type="checkbox"/>
hut	<input checked="" type="checkbox"/>

68

chair	<input type="checkbox"/>
insect	<input type="checkbox"/>
cat	<input type="checkbox"/>
table	<input type="checkbox"/>
boy	<input type="checkbox"/>

69

joke	<input type="checkbox"/>
tease	<input type="checkbox"/>
entertain	<input type="checkbox"/>
jest	<input type="checkbox"/>
please	<input type="checkbox"/>

70

below	<input type="checkbox"/>
beside	<input type="checkbox"/>
under	<input type="checkbox"/>
above	<input type="checkbox"/>
beneath	<input type="checkbox"/>

71

lady	<input type="checkbox"/>
male	<input type="checkbox"/>
man	<input type="checkbox"/>
woman	<input type="checkbox"/>
boy	<input type="checkbox"/>

72

decide	<input type="checkbox"/>
reveal	<input type="checkbox"/>
choose	<input type="checkbox"/>
agree	<input type="checkbox"/>
ponder	<input type="checkbox"/>

73

song	<input type="checkbox"/>
tune	<input type="checkbox"/>
choir	<input type="checkbox"/>
melody	<input type="checkbox"/>
singer	<input type="checkbox"/>

74

ecstatic	<input type="checkbox"/>
elated	<input type="checkbox"/>
jubilant	<input type="checkbox"/>
scared	<input type="checkbox"/>
concerned	<input type="checkbox"/>

EXAMPLE

STU	<input type="checkbox"/>
SND	<input checked="" type="checkbox"/>
UPF	<input type="checkbox"/>
SRQ	<input type="checkbox"/>
SNE	<input type="checkbox"/>

75

NKJP	<input type="checkbox"/>
NLNN	<input type="checkbox"/>
RMNJ	<input type="checkbox"/>
RKJN	<input type="checkbox"/>
NMJP	<input type="checkbox"/>

76

WYRU	<input type="checkbox"/>
WYSQ	<input type="checkbox"/>
QCSQ	<input type="checkbox"/>
WCRP	<input type="checkbox"/>
QYMU	<input type="checkbox"/>

77

DZSO	<input type="checkbox"/>
BWQO	<input type="checkbox"/>
AZSP	<input type="checkbox"/>
XXQP	<input type="checkbox"/>
YWSO	<input type="checkbox"/>

78

DROP	<input type="checkbox"/>
FROM	<input type="checkbox"/>
DRIP	<input type="checkbox"/>
CUPS	<input type="checkbox"/>
FUNK	<input type="checkbox"/>

79

EXNB	<input type="checkbox"/>
DXIH	<input type="checkbox"/>
YWOA	<input type="checkbox"/>
EDNB	<input type="checkbox"/>
YDHH	<input type="checkbox"/>

80

LEST	<input type="checkbox"/>
HYPE	<input type="checkbox"/>
HAVE	<input type="checkbox"/>
HERS	<input type="checkbox"/>
LIST	<input type="checkbox"/>

