

Answer sheets

Practice Paper 1A: English and Verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

King Alfred the Great (pages 6–8)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>	9	A <input type="checkbox"/>	10	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"/>

Punctuation (page 9)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	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"/>
	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"/>
	N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>

Spelling (page 10)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	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"/>
	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"/>
	N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>

Grammar (page 11)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	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"/>
	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"/>
	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"/>

Verbal Reasoning (page 12)

Example		1		2		3		4		5	
zip	<input type="checkbox"/>	Asia	<input type="checkbox"/>	bellow	<input type="checkbox"/>	leg	<input type="checkbox"/>	diamond	<input type="checkbox"/>	above	<input type="checkbox"/>
shoe	<input checked="" type="checkbox"/>	Norway	<input type="checkbox"/>	whisper	<input type="checkbox"/>	bend	<input type="checkbox"/>	emerald	<input type="checkbox"/>	below	<input type="checkbox"/>
button	<input type="checkbox"/>	Europe	<input type="checkbox"/>	shriek	<input type="checkbox"/>	arm	<input type="checkbox"/>	necklace	<input type="checkbox"/>	beneath	<input type="checkbox"/>
coat	<input checked="" type="checkbox"/>	China	<input type="checkbox"/>	mumble	<input type="checkbox"/>	ankle	<input type="checkbox"/>	sapphire	<input type="checkbox"/>	atop	<input type="checkbox"/>
lace	<input type="checkbox"/>	Peru	<input type="checkbox"/>	yell	<input type="checkbox"/>	stretch	<input type="checkbox"/>	bracelet	<input type="checkbox"/>	under	<input type="checkbox"/>

Answer sheets

Practice Paper 1A: English and Verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

(page 13)

Example	1	2	3	4
You must <input type="checkbox"/>	Mia wrote <input type="checkbox"/>	The apes <input type="checkbox"/>	I lost <input type="checkbox"/>	The thick <input type="checkbox"/>
must wash <input type="checkbox"/>	wrote the <input type="checkbox"/>	apes swung <input type="checkbox"/>	lost my <input type="checkbox"/>	thick rose <input type="checkbox"/>
wash and <input checked="" type="checkbox"/>	the letter <input type="checkbox"/>	swung through <input type="checkbox"/>	my glove <input type="checkbox"/>	rose bush <input type="checkbox"/>
and tidy <input type="checkbox"/>	letter after <input type="checkbox"/>	through the <input type="checkbox"/>	glove near <input type="checkbox"/>	bush was <input type="checkbox"/>
tidy up! <input type="checkbox"/>	after lunch. <input type="checkbox"/>	the trees. <input type="checkbox"/>	near here. <input type="checkbox"/>	was prickly. <input type="checkbox"/>

(page 14)

Example	1	2	3	4	5
1 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>
2 <input type="checkbox"/>	6 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	3 <input type="checkbox"/>
3 <input type="checkbox"/>	8 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	10 <input type="checkbox"/>	4 <input type="checkbox"/>
6 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>	18 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	12 <input type="checkbox"/>	14 <input type="checkbox"/>	18 <input type="checkbox"/>	22 <input type="checkbox"/>	8 <input type="checkbox"/>

(page 15)

Example	1	2	3	4	5
g <input checked="" type="checkbox"/>	f <input type="checkbox"/>	p <input type="checkbox"/>	r <input type="checkbox"/>	s <input type="checkbox"/>	t <input type="checkbox"/>
r <input type="checkbox"/>	l <input type="checkbox"/>	a <input type="checkbox"/>	i <input type="checkbox"/>	w <input type="checkbox"/>	h <input type="checkbox"/>
a <input type="checkbox"/>	o <input type="checkbox"/>	t <input type="checkbox"/>	s <input type="checkbox"/>	e <input type="checkbox"/>	i <input type="checkbox"/>
i <input type="checkbox"/>	a <input type="checkbox"/>	c <input type="checkbox"/>	e <input type="checkbox"/>	a <input type="checkbox"/>	c <input type="checkbox"/>
n <input type="checkbox"/>	t <input type="checkbox"/>	h <input type="checkbox"/>	n <input type="checkbox"/>	t <input type="checkbox"/>	k <input type="checkbox"/>

(page 16)

Example	1	2	3	4
float <input checked="" type="checkbox"/>	rude <input type="checkbox"/>	shut <input type="checkbox"/>	raindrop <input type="checkbox"/>	vast <input type="checkbox"/>
water <input type="checkbox"/>	sharp <input type="checkbox"/>	heavy <input type="checkbox"/>	trickle <input type="checkbox"/>	wide <input type="checkbox"/>
sail <input type="checkbox"/>	needle <input type="checkbox"/>	full <input type="checkbox"/>	wet <input type="checkbox"/>	span <input type="checkbox"/>
raft <input type="checkbox"/>	jagged <input type="checkbox"/>	block <input type="checkbox"/>	gush <input type="checkbox"/>	delicate <input type="checkbox"/>
sink <input checked="" type="checkbox"/>	polite <input type="checkbox"/>	closed <input type="checkbox"/>	storm <input type="checkbox"/>	tiny <input type="checkbox"/>
flood <input type="checkbox"/>	point <input type="checkbox"/>	empty <input type="checkbox"/>	drizzle <input type="checkbox"/>	gentle <input type="checkbox"/>

(page 17)

1	2	3
1634 <input type="checkbox"/>	MATE <input type="checkbox"/>	4332 <input type="checkbox"/>
5635 <input type="checkbox"/>	RATE <input type="checkbox"/>	4662 <input type="checkbox"/>
2665 <input type="checkbox"/>	TREE <input type="checkbox"/>	3446 <input type="checkbox"/>
5634 <input type="checkbox"/>	TEAM <input type="checkbox"/>	2664 <input type="checkbox"/>
3563 <input type="checkbox"/>	BEAR <input type="checkbox"/>	6553 <input type="checkbox"/>

Reading Question (page 17)

1
Thea is ten. <input type="checkbox"/>
All the children are older than eight years. <input type="checkbox"/>
Aaron is the youngest child. <input type="checkbox"/>
The sum of their ages is 40. <input type="checkbox"/>
Rosie and Thea are the same age. <input type="checkbox"/>

Answer sheets

Practice Paper 1B: Mathematics and Non-verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this \equiv .

Mathematics (pages 19–24)

1 7^2 and 6^2 8^2 and 4^2 9^2 and 2^2 8^2 and 5^2 7^2 and 5^2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 77 minutes 49 minutes 117 minutes 137 minutes 79 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 1956 2016 1951 1996 1966	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 6cm 3cm 2cm 9cm 4cm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 0.2 -0.02 0.05 0.14 -0.1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 125cm^3 75cm^3 25cm^3 15cm^3 100cm^3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7 58 12 28 38 42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 trapezium triangle hexagon pentagon parallelogram	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 -6 -4 3 -5 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 30 34 32 33 31	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 17 15 18 16 19	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
12 399,263 379,263 409,263 469,263 389,263	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 10 4 7 3 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 82m^2 51m^2 31m^2 40m^2 19m^2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 (3, 4) (2, 5) (4, 6) (3, 5) (4, 5)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 16 13 15 14 17	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
17 $\frac{347}{10}$ $\frac{57}{100}$ $\frac{1}{2}$ $\frac{77}{100}$ $\frac{347}{100}$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 15 6 9 18 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 3 5 7 11 13	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 68° 22° 12° 122° 32°	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 10:51 10:46 11:01 10:34 10:59	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
22 20kg 25kg 30kg 35kg 40kg	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 16 4 12 8 20	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								

Answer sheets

Practice Paper 1B: Mathematics and Non-verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this \equiv .

Non-verbal Reasoning: Odd One Out (Pages 25–27)

Example	1	2	3	4	5	6	7	8
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	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"/>
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 checked="" 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"/>

9	10	11	12	13
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	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"/>

Codes (Pages 28–30)

Example	1	2	3	4	5	6	7	8
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
B <input checked="" 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"/>
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"/>

9	10	11	12	13
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	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"/>

Answer sheets

Practice Paper 2A: English and Verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

The Snow Queen: An extract from a retelling of 'The Snow Queen' by Hans Christian Anderson.

(pages 32 and 41–42)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>	9	A <input type="checkbox"/>	10	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"/>

Punctuation (page 43)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>	9	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"/>
	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"/>
	N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>

Spelling (page 44)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	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"/>
	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"/>
	N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>		N <input type="checkbox"/>

Grammar (page 45)

1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <input type="checkbox"/>	6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	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"/>
	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"/>
	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"/>

Answer sheets

Practice Paper 2A: English and Verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

Verbal Reasoning (page 46)

Example	1	2	3	4	5
ALL <input type="checkbox"/>	OWE <input type="checkbox"/>	ICE <input type="checkbox"/>	LET <input type="checkbox"/>	RUN <input type="checkbox"/>	CAR <input type="checkbox"/>
EEL <input type="checkbox"/>	AWE <input type="checkbox"/>	OLD <input type="checkbox"/>	KEY <input type="checkbox"/>	RUB <input type="checkbox"/>	ACE <input type="checkbox"/>
EAR <input checked="" type="checkbox"/>	OWN <input type="checkbox"/>	AND <input type="checkbox"/>	TON <input type="checkbox"/>	RAN <input type="checkbox"/>	ARK <input type="checkbox"/>
OUT <input type="checkbox"/>	ONE <input type="checkbox"/>	ATE <input type="checkbox"/>	NUN <input type="checkbox"/>	RED <input type="checkbox"/>	OAK <input type="checkbox"/>
ARE <input type="checkbox"/>	EWE <input type="checkbox"/>	THE <input type="checkbox"/>	URN <input type="checkbox"/>	HAT <input type="checkbox"/>	ASK <input type="checkbox"/>

(page 47)

Example	1	2	3	4	5
jump <input type="checkbox"/>	vanish <input type="checkbox"/>	hard <input type="checkbox"/>	pale <input type="checkbox"/>	add <input type="checkbox"/>	tornado <input type="checkbox"/>
trip <input checked="" type="checkbox"/>	spread <input type="checkbox"/>	mean <input type="checkbox"/>	true <input type="checkbox"/>	post <input type="checkbox"/>	stamp <input type="checkbox"/>
holiday <input type="checkbox"/>	coat <input type="checkbox"/>	shape <input type="checkbox"/>	fun <input type="checkbox"/>	fence <input type="checkbox"/>	charge <input type="checkbox"/>
race <input type="checkbox"/>	garment <input type="checkbox"/>	strict <input type="checkbox"/>	fair <input type="checkbox"/>	announce <input type="checkbox"/>	storm <input type="checkbox"/>
rocky <input type="checkbox"/>	protect <input type="checkbox"/>	ground <input type="checkbox"/>	good <input type="checkbox"/>	rod <input type="checkbox"/>	storm <input type="checkbox"/>

(page 48)

Example	1	2	3	4
drop <input checked="" type="checkbox"/>	tar <input type="checkbox"/>	mess <input type="checkbox"/>	you <input type="checkbox"/>	run <input type="checkbox"/>
drain <input type="checkbox"/>	care <input type="checkbox"/>	be <input type="checkbox"/>	we <input type="checkbox"/>	skip <input type="checkbox"/>
find <input type="checkbox"/>	twin <input type="checkbox"/>	drag <input type="checkbox"/>	my <input type="checkbox"/>	rush <input type="checkbox"/>
let <input checked="" type="checkbox"/>	able <input type="checkbox"/>	ate <input type="checkbox"/>	self <input type="checkbox"/>	path <input type="checkbox"/>
low <input type="checkbox"/>	rot <input type="checkbox"/>	on <input type="checkbox"/>	age <input type="checkbox"/>	way <input type="checkbox"/>
it <input type="checkbox"/>	less <input type="checkbox"/>	by <input type="checkbox"/>	son <input type="checkbox"/>	for <input type="checkbox"/>

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Example	1	2	3	4	5
EK <input checked="" type="checkbox"/>	EH <input type="checkbox"/>	UX <input type="checkbox"/>	ZD <input type="checkbox"/>	RS <input type="checkbox"/>	DG <input type="checkbox"/>
EF <input type="checkbox"/>	EI <input type="checkbox"/>	VX <input type="checkbox"/>	ZC <input type="checkbox"/>	PO <input type="checkbox"/>	ED <input type="checkbox"/>
CF <input type="checkbox"/>	DJ <input type="checkbox"/>	SQ <input type="checkbox"/>	YG <input type="checkbox"/>	SO <input type="checkbox"/>	BE <input type="checkbox"/>
EH <input type="checkbox"/>	FJ <input type="checkbox"/>	UW <input type="checkbox"/>	ZE <input type="checkbox"/>	RO <input type="checkbox"/>	FF <input type="checkbox"/>
EI <input type="checkbox"/>	CJ <input type="checkbox"/>	SU <input type="checkbox"/>	XC <input type="checkbox"/>	RQ <input type="checkbox"/>	EF <input type="checkbox"/>

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Example	1	2	3	4	5
wag <input checked="" type="checkbox"/>	the <input type="checkbox"/>	path <input type="checkbox"/>	what <input type="checkbox"/>	part <input type="checkbox"/>	rear <input type="checkbox"/>
web <input type="checkbox"/>	mug <input type="checkbox"/>	meat <input type="checkbox"/>	hand <input type="checkbox"/>	sort <input type="checkbox"/>	luck <input type="checkbox"/>
tag <input type="checkbox"/>	emu <input type="checkbox"/>	meal <input type="checkbox"/>	than <input type="checkbox"/>	hope <input type="checkbox"/>	late <input type="checkbox"/>
beg <input type="checkbox"/>	get <input type="checkbox"/>	lime <input type="checkbox"/>	wind <input type="checkbox"/>	rose <input type="checkbox"/>	yule <input type="checkbox"/>
get <input type="checkbox"/>	hug <input type="checkbox"/>	tame <input type="checkbox"/>	bath <input type="checkbox"/>	past <input type="checkbox"/>	lack <input type="checkbox"/>

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Example	1	2	3	4	1
8 <input type="checkbox"/>	16 <input type="checkbox"/>	31 <input type="checkbox"/>	44 <input type="checkbox"/>	71 <input type="checkbox"/>	Alex <input type="checkbox"/>
9 <input type="checkbox"/>	12 <input type="checkbox"/>	24 <input type="checkbox"/>	45 <input type="checkbox"/>	62 <input type="checkbox"/>	Dylan <input type="checkbox"/>
11 <input checked="" type="checkbox"/>	13 <input type="checkbox"/>	17 <input type="checkbox"/>	38 <input type="checkbox"/>	59 <input type="checkbox"/>	Femi <input type="checkbox"/>
5 <input type="checkbox"/>	15 <input type="checkbox"/>	11 <input type="checkbox"/>	46 <input type="checkbox"/>	73 <input type="checkbox"/>	Meena <input type="checkbox"/>
12 <input type="checkbox"/>	20 <input type="checkbox"/>	18 <input type="checkbox"/>	47 <input type="checkbox"/>	60 <input type="checkbox"/>	Sam <input type="checkbox"/>

Reading Question (page 51)

Answer sheets

Practice Paper 2B: Mathematics and Non-verbal Reasoning

Student name: _____

Please mark the boxes with a horizontal line like this \equiv .

Mathematics (pages 53–58)

1 $86 \div 100$ <input type="checkbox"/> 0.083×1000 <input type="checkbox"/> $8800 \div 1000$ <input type="checkbox"/> 0.81×100 <input type="checkbox"/> $872 \div 10$ <input type="checkbox"/>	2 $\frac{3}{4}$ of 60 <input type="checkbox"/> 50% of 110 <input type="checkbox"/> 10% of 400 <input type="checkbox"/> 25% of 200 <input type="checkbox"/> $\frac{2}{3}$ of 90 <input type="checkbox"/>	3 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	4 27kg <input type="checkbox"/> 21kg <input type="checkbox"/> 24kg <input type="checkbox"/> 18kg <input type="checkbox"/> 30kg <input type="checkbox"/>	5 My banana weighs 0.01kg. <input type="checkbox"/> My water bottle holds 500l. <input type="checkbox"/> My cat weighs 70,000g. <input type="checkbox"/> My walk to school is 80,000cm. <input type="checkbox"/> My brother is 0.004km tall. <input type="checkbox"/>	
6 Monday had 20 fewer customers than Tuesday. <input type="checkbox"/> Friday had the most customers. <input type="checkbox"/> Saturday and Sunday combined had 200 customers. <input type="checkbox"/> Four days had fewer than 100 customers. <input type="checkbox"/> No two days had the same number of customers. <input type="checkbox"/>	7 MDCCCLI <input type="checkbox"/> MDCCCXV <input type="checkbox"/> MDCCXCIII <input type="checkbox"/> MDCCXLIX <input type="checkbox"/> MDCCLXIX <input type="checkbox"/>	8 5000 <input type="checkbox"/> 600 <input type="checkbox"/> 738,000 <input type="checkbox"/> 9200 <input type="checkbox"/> 49,100 <input type="checkbox"/>	9 11 <input type="checkbox"/> 10 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/> 9 <input type="checkbox"/>		
10 $1\frac{11}{7}$ <input type="checkbox"/> $2\frac{4}{7}$ <input type="checkbox"/> $1\frac{1}{7}$ <input type="checkbox"/> $\frac{11}{7}$ <input type="checkbox"/> $1\frac{4}{7}$ <input type="checkbox"/>	11 67° <input type="checkbox"/> 54° <input type="checkbox"/> 134° <input type="checkbox"/> 69° <input type="checkbox"/> 46° <input type="checkbox"/>	12 $148 \div 2$ <input type="checkbox"/> $101 - 14$ <input type="checkbox"/> $80 + 5$ <input type="checkbox"/> 8×11 <input type="checkbox"/> $93 - 9$ <input type="checkbox"/>	13 28m <input type="checkbox"/> 48m <input type="checkbox"/> 24m <input type="checkbox"/> 20m <input type="checkbox"/> 26m <input type="checkbox"/>	14 14.6km <input type="checkbox"/> 4160m <input type="checkbox"/> 16.4km <input type="checkbox"/> 14,600m <input type="checkbox"/> 1.64km <input type="checkbox"/>	15 £6.25 <input type="checkbox"/> £6.50 <input type="checkbox"/> £6.00 <input type="checkbox"/> £5.50 <input type="checkbox"/> £7.00 <input type="checkbox"/>
16 264,530 <input type="checkbox"/> 264,500 <input type="checkbox"/> 264,000 <input type="checkbox"/> 260,000 <input type="checkbox"/> 300,000 <input type="checkbox"/>	17 (7, -4) <input type="checkbox"/> (4, 9) <input type="checkbox"/> (9, 4) <input type="checkbox"/> (7, 4) <input type="checkbox"/> (9, -4) <input type="checkbox"/>	18 0 <input type="checkbox"/> -6 <input type="checkbox"/> -3 <input type="checkbox"/> -9 <input type="checkbox"/> 2 <input type="checkbox"/>	19 £4 <input type="checkbox"/> £8 <input type="checkbox"/> £12 <input type="checkbox"/> £10 <input type="checkbox"/> £6 <input type="checkbox"/>	20 46° <input type="checkbox"/> 129° <input type="checkbox"/> 104° <input type="checkbox"/> 67° <input type="checkbox"/> 51° <input type="checkbox"/>	21 6 <input type="checkbox"/> 10 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/>
22 Three apples for the price of two. Each apple is 70p. <input type="checkbox"/> Six apples in a pack for £3.30. <input type="checkbox"/> Buy one apple, get one free. Each apple is £1. <input type="checkbox"/> Special offer: two apples for 95p. <input type="checkbox"/> Buy five apples, get one free. Each apple is 65p. <input type="checkbox"/>					

Answer sheets

Practice Paper 2B: Mathematics and Non-verbal Reasoning

Student name: _____

Please mark the boxes with a horizontal line like this \equiv .

Non-verbal Reasoning: Matrices (Pages 59–61)

Example	1	2	3	4	5	6	7	8
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	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"/>
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 checked="" 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"/>

9	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <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"/>
	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"/>

Like Figures (Pages 62–64)

Example	1	2	3	4	5	6	7	8
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
B <input checked="" 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"/>
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"/>

9	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <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"/>
	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"/>