

Answer sheets

Practice Paper 1A: English and Verbal Reasoning

Student name: _____

Please mark the boxes with a horizontal line like this .

English: The Dragon's Pearl (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"/>
	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"/>
	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"/>

Anni's Rainforest (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"/>	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"/>

Dear Diary (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"/>

Night Terror (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	
Mia bought	<input type="checkbox"/>	Listen to	<input type="checkbox"/>	Have you	<input type="checkbox"/>	The thief	<input type="checkbox"/>	The puffin	<input type="checkbox"/>
bought a	<input type="checkbox"/>	to the	<input type="checkbox"/>	you got	<input type="checkbox"/>	thief grabbed	<input type="checkbox"/>	puffin dived	<input type="checkbox"/>
a comb	<input type="checkbox"/>	the patter	<input type="checkbox"/>	got any	<input type="checkbox"/>	grabbed gems	<input type="checkbox"/>	dived off	<input type="checkbox"/>
comb and	<input checked="" type="checkbox"/>	patter of	<input type="checkbox"/>	any yellow	<input type="checkbox"/>	gems with	<input type="checkbox"/>	off the	<input type="checkbox"/>
and brush.	<input type="checkbox"/>	of rain.	<input type="checkbox"/>	yellow ink?	<input type="checkbox"/>	with diamonds.	<input type="checkbox"/>	the cliff.	<input type="checkbox"/>

Answer sheets

Practice Paper 1A: English and Verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

Verbal Reasoning (page 13)

Example	1	2	3	4	5
tall <input checked="" type="checkbox"/>	grass <input type="checkbox"/>	rocket <input type="checkbox"/>	time <input type="checkbox"/>	shirt <input type="checkbox"/>	swim <input type="checkbox"/>
happy <input type="checkbox"/>	wet <input type="checkbox"/>	hero <input type="checkbox"/>	month <input type="checkbox"/>	hat <input type="checkbox"/>	walk <input type="checkbox"/>
green <input type="checkbox"/>	arid <input type="checkbox"/>	planet <input type="checkbox"/>	day <input type="checkbox"/>	belt <input type="checkbox"/>	fast <input type="checkbox"/>
table <input type="checkbox"/>	dry <input type="checkbox"/>	star <input type="checkbox"/>	heavy <input type="checkbox"/>	scarf <input type="checkbox"/>	run <input type="checkbox"/>
red <input type="checkbox"/>	hot <input type="checkbox"/>	hot <input type="checkbox"/>	length <input type="checkbox"/>	shoes <input type="checkbox"/>	slow <input type="checkbox"/>
high <input checked="" type="checkbox"/>	sand <input type="checkbox"/>	holiday <input type="checkbox"/>	shape <input type="checkbox"/>	collar <input type="checkbox"/>	kick <input type="checkbox"/>

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Example	1	2	3	4	5
OQ <input type="checkbox"/>	GT <input type="checkbox"/>	EG <input type="checkbox"/>	XZ <input type="checkbox"/>	QP <input type="checkbox"/>	TP <input type="checkbox"/>
OP <input checked="" type="checkbox"/>	CX <input type="checkbox"/>	MO <input type="checkbox"/>	WY <input type="checkbox"/>	UW <input type="checkbox"/>	KM <input type="checkbox"/>
KL <input type="checkbox"/>	BY <input type="checkbox"/>	QS <input type="checkbox"/>	UY <input type="checkbox"/>	RP <input type="checkbox"/>	TR <input type="checkbox"/>
PQ <input type="checkbox"/>	HS <input type="checkbox"/>	QT <input type="checkbox"/>	VT <input type="checkbox"/>	SP <input type="checkbox"/>	TW <input type="checkbox"/>
NO <input type="checkbox"/>	AZ <input type="checkbox"/>	OP <input type="checkbox"/>	US <input type="checkbox"/>	XY <input type="checkbox"/>	RN <input type="checkbox"/>

(page 15)

Example	1	2	3	4	5
hot <input checked="" type="checkbox"/>	red <input type="checkbox"/>	hand <input type="checkbox"/>	rang <input type="checkbox"/>	cramp <input type="checkbox"/>	mess <input type="checkbox"/>
ten <input type="checkbox"/>	mend <input type="checkbox"/>	lash <input type="checkbox"/>	sing <input type="checkbox"/>	cream <input type="checkbox"/>	nice <input type="checkbox"/>
top <input type="checkbox"/>	rub <input type="checkbox"/>	wind <input type="checkbox"/>	wing <input type="checkbox"/>	clap <input type="checkbox"/>	mass <input type="checkbox"/>
pen <input type="checkbox"/>	bed <input type="checkbox"/>	wish <input type="checkbox"/>	sung <input type="checkbox"/>	crepe <input type="checkbox"/>	mice <input type="checkbox"/>
hen <input type="checkbox"/>	dub <input type="checkbox"/>	wand <input type="checkbox"/>	ring <input type="checkbox"/>	creep <input type="checkbox"/>	acre <input type="checkbox"/>

(page 16)

Example	1	2	3	4
cook <input type="checkbox"/>	reply <input type="checkbox"/>	dangerous <input type="checkbox"/>	spectator <input type="checkbox"/>	solid <input type="checkbox"/>
mix <input checked="" type="checkbox"/>	share <input type="checkbox"/>	energy <input type="checkbox"/>	athlete <input type="checkbox"/>	flexible <input type="checkbox"/>
divide <input type="checkbox"/>	explain <input type="checkbox"/>	delicate <input type="checkbox"/>	driver <input type="checkbox"/>	difficult <input type="checkbox"/>
blend <input checked="" type="checkbox"/>	letter <input type="checkbox"/>	fragile <input type="checkbox"/>	instructor <input type="checkbox"/>	bendy <input type="checkbox"/>
paint <input type="checkbox"/>	answer <input type="checkbox"/>	strong <input type="checkbox"/>	singer <input type="checkbox"/>	round <input type="checkbox"/>
friendly <input type="checkbox"/>	ask <input type="checkbox"/>	safe <input type="checkbox"/>	observer <input type="checkbox"/>	liquid <input type="checkbox"/>

(page 17)

Example	1	2	3	4	5
10 <input type="checkbox"/>	21 <input type="checkbox"/>	14 <input type="checkbox"/>	100 <input type="checkbox"/>	17 <input type="checkbox"/>	30 <input type="checkbox"/>
11 <input checked="" type="checkbox"/>	20 <input type="checkbox"/>	8 <input type="checkbox"/>	94 <input type="checkbox"/>	19 <input type="checkbox"/>	21 <input type="checkbox"/>
13 <input type="checkbox"/>	19 <input type="checkbox"/>	16 <input type="checkbox"/>	110 <input type="checkbox"/>	20 <input type="checkbox"/>	22 <input type="checkbox"/>
18 <input type="checkbox"/>	22 <input type="checkbox"/>	4 <input type="checkbox"/>	117 <input type="checkbox"/>	21 <input type="checkbox"/>	28 <input type="checkbox"/>
16 <input type="checkbox"/>	30 <input type="checkbox"/>	13 <input type="checkbox"/>	84 <input type="checkbox"/>	16 <input type="checkbox"/>	34 <input type="checkbox"/>

Reading Question (page 17)

1
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <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 .

Mathematics (pages 19–24)

1 41,367 <input type="checkbox"/> 430,607 <input type="checkbox"/> 413,600.7 <input type="checkbox"/> 413,670 <input type="checkbox"/> 413,607 <input type="checkbox"/>	2 140ml <input type="checkbox"/> 320ml <input type="checkbox"/> 120ml <input type="checkbox"/> 240ml <input type="checkbox"/> 540ml <input type="checkbox"/>	3 $47,256 > 47,265$ <input type="checkbox"/> $63,629 < 62,693$ <input type="checkbox"/> $24,214 > 24,124$ <input type="checkbox"/> $82,502 < 80,255$ <input type="checkbox"/> $19,347 < 18,437$ <input type="checkbox"/>	4 end in 3. <input type="checkbox"/> be odd. <input type="checkbox"/> be a multiple of 3. <input type="checkbox"/> end in 5. <input type="checkbox"/> be even. <input type="checkbox"/>	5 18 <input type="checkbox"/> 22 <input type="checkbox"/> 36 <input type="checkbox"/> 42 <input type="checkbox"/> 72 <input type="checkbox"/>	6 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
7 2007 <input type="checkbox"/> 212 <input type="checkbox"/> 2120 <input type="checkbox"/> 2012 <input type="checkbox"/> 2002 <input type="checkbox"/>	8 -185 <input type="checkbox"/> 12 <input type="checkbox"/> -147 <input type="checkbox"/> -427 <input type="checkbox"/> -72 <input type="checkbox"/>	9 Ottawa <input type="checkbox"/> Moscow <input type="checkbox"/> Harbin <input type="checkbox"/> Reykjavik <input type="checkbox"/> Anchorage <input type="checkbox"/>	10 3.9kg <input type="checkbox"/> 4.45kg <input type="checkbox"/> 4.25kg <input type="checkbox"/> 6.1kg <input type="checkbox"/> 3.45kg <input type="checkbox"/>	11 18 <input type="checkbox"/> 36 <input type="checkbox"/> 19 <input type="checkbox"/> 21 <input type="checkbox"/> 38 <input type="checkbox"/>	12 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/>
13 40cm^2 <input type="checkbox"/> 55cm^2 <input type="checkbox"/> 28cm^2 <input type="checkbox"/> 44cm^2 <input type="checkbox"/> 32cm^2 <input type="checkbox"/>	14 nearest 10,000 <input type="checkbox"/> nearest 100 <input type="checkbox"/> nearest 1000 <input type="checkbox"/> nearest 100,000 <input type="checkbox"/> nearest 10 <input type="checkbox"/>	15 Adelie penguin <input type="checkbox"/> Red knot <input type="checkbox"/> Arctic tern <input type="checkbox"/> Short-tailed shearwater <input type="checkbox"/> Bar-tailed godwit <input type="checkbox"/>	16 84% <input type="checkbox"/> 85% <input type="checkbox"/> 86% <input type="checkbox"/> 83% <input type="checkbox"/> 82% <input type="checkbox"/>	17 19.4km <input type="checkbox"/> 32km <input type="checkbox"/> 20km <input type="checkbox"/> 20.4km <input type="checkbox"/> 18.4km <input type="checkbox"/>	
18 18 <input type="checkbox"/> 11 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 10 <input type="checkbox"/>	19 44 <input type="checkbox"/> 51 <input type="checkbox"/> 13 <input type="checkbox"/> 19 <input type="checkbox"/> 23 <input type="checkbox"/>	20 20cm <input type="checkbox"/> 40cm <input type="checkbox"/> 74cm <input type="checkbox"/> 30cm <input type="checkbox"/> 26cm <input type="checkbox"/>	21 2 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	22 9.05am <input type="checkbox"/> 10.20am <input type="checkbox"/> 10.05am <input type="checkbox"/> 9.20am <input type="checkbox"/> 10.50am <input type="checkbox"/>	23 56 <input type="checkbox"/> 72 <input type="checkbox"/> 2 <input type="checkbox"/> 48 <input type="checkbox"/> 63 <input type="checkbox"/>
24 (1, 2) <input type="checkbox"/> (3, 1) <input type="checkbox"/> (3, 4) <input type="checkbox"/> (5, 4) <input type="checkbox"/> (6, 2) <input type="checkbox"/>	25 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <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 .

Non-verbal Reasoning: Codes (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 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"/>

Series (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 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 checked="" 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 .

English: Roman Writers (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"/>
	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 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"/>
	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"/>
	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"/>

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
RED <input checked="" type="checkbox"/>	TAN <input type="checkbox"/>	EAT <input type="checkbox"/>	SAT <input type="checkbox"/>	BID <input type="checkbox"/>	DAY <input type="checkbox"/>
EAR <input checked="" type="checkbox"/>	TOO <input type="checkbox"/>	OAT <input type="checkbox"/>	SON <input type="checkbox"/>	BED <input type="checkbox"/>	BEE <input type="checkbox"/>
RAN <input type="checkbox"/>	OUT <input type="checkbox"/>	URN <input type="checkbox"/>	SIT <input type="checkbox"/>	TEN <input type="checkbox"/>	TEA <input type="checkbox"/>
ILL <input type="checkbox"/>	PAN <input type="checkbox"/>	OWL <input type="checkbox"/>	SUN <input type="checkbox"/>	WED <input type="checkbox"/>	MEN <input type="checkbox"/>
EYE <input type="checkbox"/>	PIE <input type="checkbox"/>	ALL <input type="checkbox"/>	ZIP <input type="checkbox"/>	SEA <input type="checkbox"/>	KEY <input type="checkbox"/>

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Example	1	2	3	4	5
EQ <input checked="" type="checkbox"/>	OL <input type="checkbox"/>	ZA <input type="checkbox"/>	SR <input type="checkbox"/>	UT <input type="checkbox"/>	HJ <input type="checkbox"/>
BR <input type="checkbox"/>	ON <input type="checkbox"/>	YB <input type="checkbox"/>	KL <input type="checkbox"/>	TR <input type="checkbox"/>	HM <input type="checkbox"/>
ER <input type="checkbox"/>	OP <input type="checkbox"/>	YD <input type="checkbox"/>	QR <input type="checkbox"/>	QR <input type="checkbox"/>	HI <input type="checkbox"/>
ES <input type="checkbox"/>	OM <input type="checkbox"/>	XB <input type="checkbox"/>	HI <input type="checkbox"/>	UR <input type="checkbox"/>	HG <input type="checkbox"/>
EP <input type="checkbox"/>	OR <input type="checkbox"/>	ZB <input type="checkbox"/>	PN <input type="checkbox"/>	TV <input type="checkbox"/>	HF <input type="checkbox"/>

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

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Example	1	2	3	4	5
level <input checked="" type="checkbox"/>	idea <input type="checkbox"/>	destitute <input type="checkbox"/>	aware <input type="checkbox"/>	break <input type="checkbox"/>	motivation <input type="checkbox"/>
zigzag <input type="checkbox"/>	plot <input type="checkbox"/>	bad <input type="checkbox"/>	announcement <input type="checkbox"/>	smash <input type="checkbox"/>	control <input type="checkbox"/>
certificate <input type="checkbox"/>	field <input type="checkbox"/>	poor <input type="checkbox"/>	detect <input type="checkbox"/>	rest <input type="checkbox"/>	drive <input type="checkbox"/>
first <input type="checkbox"/>	scheme <input type="checkbox"/>	poverty <input type="checkbox"/>	information <input type="checkbox"/>	splinter <input type="checkbox"/>	compel <input type="checkbox"/>
unequal <input type="checkbox"/>	acreage <input type="checkbox"/>	shoddy <input type="checkbox"/>	notice <input type="checkbox"/>	pause <input type="checkbox"/>	handle <input type="checkbox"/>

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Example	1	2	3	4	5
m <input type="checkbox"/>	m <input type="checkbox"/>	f <input type="checkbox"/>	c <input type="checkbox"/>	t <input type="checkbox"/>	y <input type="checkbox"/>
l <input type="checkbox"/>	p <input type="checkbox"/>	t <input type="checkbox"/>	r <input type="checkbox"/>	y <input type="checkbox"/>	i <input type="checkbox"/>
t <input checked="" type="checkbox"/>	b <input type="checkbox"/>	d <input type="checkbox"/>	f <input type="checkbox"/>	h <input type="checkbox"/>	s <input type="checkbox"/>
d <input type="checkbox"/>	d <input type="checkbox"/>	p <input type="checkbox"/>	n <input type="checkbox"/>	b <input type="checkbox"/>	m <input type="checkbox"/>
r <input type="checkbox"/>	g <input type="checkbox"/>	l <input type="checkbox"/>	m <input type="checkbox"/>	w <input type="checkbox"/>	b <input type="checkbox"/>

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Example	1	2	3	1
4 <input type="checkbox"/>	11 <input type="checkbox"/>	2 <input type="checkbox"/>	10 <input type="checkbox"/>	A <input type="checkbox"/>
2 <input checked="" type="checkbox"/>	12 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	B <input type="checkbox"/>
3 <input type="checkbox"/>	13 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/>	C <input type="checkbox"/>
5 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	D <input type="checkbox"/>
1 <input type="checkbox"/>	20 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	E <input type="checkbox"/>

Reading Question (page 51)

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

Mathematics (pages 53–58)

1 81 <input type="checkbox"/> 90 <input type="checkbox"/> 98 <input type="checkbox"/> 105 <input type="checkbox"/> 118 <input type="checkbox"/>	2 $3\frac{3}{4}$ <input type="checkbox"/> $5\frac{1}{2}$ <input type="checkbox"/> $5\frac{1}{4}$ <input type="checkbox"/> $4\frac{1}{2}$ <input type="checkbox"/> 6 <input type="checkbox"/>	3 2868 <input type="checkbox"/> 2688 <input type="checkbox"/> 2588 <input type="checkbox"/> 2669 <input type="checkbox"/> 2698 <input type="checkbox"/>	4 4 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 8 <input type="checkbox"/> 6 <input type="checkbox"/>	5 6.5 <input type="checkbox"/> 6.7 <input type="checkbox"/> 6.57 <input type="checkbox"/> 6.4 <input type="checkbox"/> 6.47 <input type="checkbox"/>	
6 £2, £2, 50p, 20p, 5p, 1p <input type="checkbox"/> £2, £1, 50p, 10p, 5p, 1p <input type="checkbox"/> £2, £1, 20p, 20p, 10p <input type="checkbox"/> £2, £2, 20p, 2p, 2p <input type="checkbox"/> £5, 50p, 20p, 5p, 1p <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	8 19 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 21 <input type="checkbox"/> 17 <input type="checkbox"/>	9 11 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/>	10 17°C <input type="checkbox"/> 9°C <input type="checkbox"/> -17°C <input type="checkbox"/> -11°C <input type="checkbox"/> -9°C <input type="checkbox"/>	
11 100° <input type="checkbox"/> 125° <input type="checkbox"/> 55° <input type="checkbox"/> 119° <input type="checkbox"/> 116° <input type="checkbox"/>	12 £254 <input type="checkbox"/> £248 <input type="checkbox"/> £238 <input type="checkbox"/> £224 <input type="checkbox"/> £242 <input type="checkbox"/>	13 18 <input type="checkbox"/> 9 <input type="checkbox"/> 21 <input type="checkbox"/> 14 <input type="checkbox"/> 6 <input type="checkbox"/>	14 7 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>	15 22m <input type="checkbox"/> 26m <input type="checkbox"/> 31m <input type="checkbox"/> 18m <input type="checkbox"/> 28m <input type="checkbox"/>	16 50 minutes <input type="checkbox"/> 25 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> 5 minutes <input type="checkbox"/> 2.5 minutes <input type="checkbox"/>
17 $2.63 + 2.47$ <input type="checkbox"/> $0.28 + 4.82$ <input type="checkbox"/> $3.06 + 2.94$ <input type="checkbox"/> $2.56 + 2.44$ <input type="checkbox"/> $1.30 + 3.07$ <input type="checkbox"/>	18 144cm^3 <input type="checkbox"/> 48cm^2 <input type="checkbox"/> 24cm^2 <input type="checkbox"/> 144cm^2 <input type="checkbox"/> 48cm^3 <input type="checkbox"/>	19 80m <input type="checkbox"/> -50m <input type="checkbox"/> 60m <input type="checkbox"/> 40m <input type="checkbox"/> 70m <input type="checkbox"/>	20 9 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/>	21 1 hour 45 minutes <input type="checkbox"/> 141 minutes <input type="checkbox"/> 101 minutes <input type="checkbox"/> 1 hour 21 minutes <input type="checkbox"/> 91 minutes <input type="checkbox"/>	
22 (2, 0) <input type="checkbox"/> (7, 5) <input type="checkbox"/> (3, 1) <input type="checkbox"/> (5, 2) <input type="checkbox"/> (6, 4) <input type="checkbox"/>	23 58 <input type="checkbox"/> 62 <input type="checkbox"/> 54 <input type="checkbox"/> 66 <input type="checkbox"/> 60 <input type="checkbox"/>	24 54 <input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 52 <input type="checkbox"/> 50 <input type="checkbox"/>	25 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <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 .

Non-verbal Reasoning: Like Figures (pages 59–61)

Example A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		
9 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	10 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	11 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	12 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	13 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>						

Analogies (pages 62–64)

Example A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		
9 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	10 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	11 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	12 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	13 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>						