

Answer sheets

Practice Paper 1A: English and Verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

English: The Hourglass Book (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"/>

Mirage (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"/>

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	
lemon	<input type="checkbox"/>	fluid	<input type="checkbox"/>	cottage	<input type="checkbox"/>	gather	<input type="checkbox"/>	during	<input type="checkbox"/>	sewer	<input type="checkbox"/>
yellow	<input checked="" type="checkbox"/>	firm	<input type="checkbox"/>	detached	<input type="checkbox"/>	collect	<input type="checkbox"/>	along	<input type="checkbox"/>	sink	<input type="checkbox"/>
orange	<input type="checkbox"/>	solid	<input type="checkbox"/>	root	<input type="checkbox"/>	cast	<input type="checkbox"/>	towards	<input type="checkbox"/>	bathtub	<input type="checkbox"/>
lime	<input type="checkbox"/>	liquid	<input type="checkbox"/>	stem	<input type="checkbox"/>	fling	<input type="checkbox"/>	through	<input type="checkbox"/>	drain	<input type="checkbox"/>
potato	<input checked="" type="checkbox"/>	stiff	<input type="checkbox"/>	bungalow	<input type="checkbox"/>	hurl	<input type="checkbox"/>	until	<input type="checkbox"/>	pipe	<input type="checkbox"/>

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Please mark the boxes with a horizontal line like this .

Verbal Reasoning (page 13)

Example	1	2	3	4
We were <input type="checkbox"/>	The popstars <input type="checkbox"/>	Our vessel <input type="checkbox"/>	Unfortunately the <input type="checkbox"/>	My sleeve <input type="checkbox"/>
were proud <input type="checkbox"/>	popstars performed <input type="checkbox"/>	vessel left <input type="checkbox"/>	the cargo <input type="checkbox"/>	sleeve ripped <input type="checkbox"/>
proud of <input type="checkbox"/>	performed their <input type="checkbox"/>	left port <input type="checkbox"/>	cargo net <input type="checkbox"/>	ripped at <input type="checkbox"/>
of our <input checked="" type="checkbox"/>	their final <input type="checkbox"/>	port this <input type="checkbox"/>	net came <input type="checkbox"/>	at the <input type="checkbox"/>
our invention. <input type="checkbox"/>	final song. <input type="checkbox"/>	this morning. <input type="checkbox"/>	came loose. <input type="checkbox"/>	the top. <input type="checkbox"/>

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Example	1	2	3	4	5
toe <input type="checkbox"/>	hear <input type="checkbox"/>	lock <input type="checkbox"/>	iris <input type="checkbox"/>	muse <input type="checkbox"/>	moon <input type="checkbox"/>
bat <input type="checkbox"/>	loot <input type="checkbox"/>	sock <input type="checkbox"/>	army <input type="checkbox"/>	name <input type="checkbox"/>	ears <input type="checkbox"/>
pie <input type="checkbox"/>	bear <input type="checkbox"/>	mall <input type="checkbox"/>	days <input type="checkbox"/>	main <input type="checkbox"/>	moan <input type="checkbox"/>
toy <input checked="" type="checkbox"/>	tool <input type="checkbox"/>	call <input type="checkbox"/>	airy <input type="checkbox"/>	mane <input type="checkbox"/>	noon <input type="checkbox"/>
tee <input type="checkbox"/>	hare <input type="checkbox"/>	mock <input type="checkbox"/>	dart <input type="checkbox"/>	aces <input type="checkbox"/>	year <input type="checkbox"/>

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Example	1	2	3	4	5
HNGZ <input checked="" type="checkbox"/>	BSRW <input type="checkbox"/>	SQUAT <input type="checkbox"/>	XKFGQ <input type="checkbox"/>	VOICE <input type="checkbox"/>	IJEEFO <input type="checkbox"/>
GMFY <input type="checkbox"/>	EVUZ <input type="checkbox"/>	SQUID <input type="checkbox"/>	UHCND <input type="checkbox"/>	UNCUT <input type="checkbox"/>	GKCFDP <input type="checkbox"/>
EKDW <input type="checkbox"/>	AQOS <input type="checkbox"/>	FLUID <input type="checkbox"/>	ANIJT <input type="checkbox"/>	UMBER <input type="checkbox"/>	GGCBDL <input type="checkbox"/>
DJCV <input type="checkbox"/>	ARQV <input type="checkbox"/>	SQUAD <input type="checkbox"/>	ZMHIS <input type="checkbox"/>	ATLAS <input type="checkbox"/>	FGBBCL <input type="checkbox"/>
HMDW <input type="checkbox"/>	FWVA <input type="checkbox"/>	OMENS <input type="checkbox"/>	AMGFP <input type="checkbox"/>	UNCLE <input type="checkbox"/>	GHCCDM <input type="checkbox"/>

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Example	1	2	3	4
thin <input type="checkbox"/>	green <input type="checkbox"/>	separate <input type="checkbox"/>	cover <input type="checkbox"/>	special <input type="checkbox"/>
huge <input checked="" type="checkbox"/>	ignorant <input type="checkbox"/>	together <input type="checkbox"/>	exhibit <input type="checkbox"/>	kind <input type="checkbox"/>
grow <input type="checkbox"/>	juvenile <input type="checkbox"/>	encounter <input type="checkbox"/>	private <input type="checkbox"/>	dear <input type="checkbox"/>
minute <input checked="" type="checkbox"/>	sophisticated <input type="checkbox"/>	include <input type="checkbox"/>	vacate <input type="checkbox"/>	shabby <input type="checkbox"/>
increase <input type="checkbox"/>	mature <input type="checkbox"/>	discard <input type="checkbox"/>	shelter <input type="checkbox"/>	cheap <input type="checkbox"/>
frail <input type="checkbox"/>	ripe <input type="checkbox"/>	fuse <input type="checkbox"/>	conceal <input type="checkbox"/>	rude <input type="checkbox"/>

(page 17)

Example	1	2	3	4	5
8 <input type="checkbox"/>	35 <input type="checkbox"/>	33 <input type="checkbox"/>	81 <input type="checkbox"/>	86 <input type="checkbox"/>	36 <input type="checkbox"/>
10 <input checked="" type="checkbox"/>	38 <input type="checkbox"/>	22 <input type="checkbox"/>	80 <input type="checkbox"/>	65 <input type="checkbox"/>	8 <input type="checkbox"/>
14 <input type="checkbox"/>	36 <input type="checkbox"/>	26 <input type="checkbox"/>	83 <input type="checkbox"/>	70 <input type="checkbox"/>	32 <input type="checkbox"/>
16 <input type="checkbox"/>	37 <input type="checkbox"/>	30 <input type="checkbox"/>	82 <input type="checkbox"/>	94 <input type="checkbox"/>	0 <input type="checkbox"/>
18 <input type="checkbox"/>	39 <input type="checkbox"/>	21 <input type="checkbox"/>	79 <input type="checkbox"/>	95 <input type="checkbox"/>	24 <input type="checkbox"/>

Reading Question (page 17)

1
A <input type="checkbox"/>
B <input type="checkbox"/>
C <input type="checkbox"/>
D <input type="checkbox"/>
E <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 8 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/>	2 300,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 260,000 <input type="checkbox"/> 270,000 <input type="checkbox"/> 264,000 <input type="checkbox"/>	3 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/>	4 24 <input type="checkbox"/> 14 <input type="checkbox"/> 18 <input type="checkbox"/> 15 <input type="checkbox"/> 4 <input type="checkbox"/>	5 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/>	6 £45 <input type="checkbox"/> £48 <input type="checkbox"/> £52.50 <input type="checkbox"/> £55 <input type="checkbox"/> £57.50 <input type="checkbox"/>
7 350ml <input type="checkbox"/> 250ml <input type="checkbox"/> 400ml <input type="checkbox"/> 450ml <input type="checkbox"/> 550ml <input type="checkbox"/>	8 4 and 5 <input type="checkbox"/> 5 and 11 <input type="checkbox"/> 7 and 11 <input type="checkbox"/> 5 and 7 <input type="checkbox"/> 3 and 13 <input type="checkbox"/>	9 0.155 <input type="checkbox"/> 0.165 <input type="checkbox"/> 0.175 <input type="checkbox"/> 0.166 <input type="checkbox"/> 0.156 <input type="checkbox"/>	10 12m <input type="checkbox"/> 24m <input type="checkbox"/> 36m <input type="checkbox"/> 20m <input type="checkbox"/> 18m <input type="checkbox"/>	11 15 <input type="checkbox"/> 5 <input type="checkbox"/> 25 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/>	
12 Its sides are all of equal length. <input type="checkbox"/> It has two sides of equal length. <input type="checkbox"/> Its two equal angles add up to 180°. <input type="checkbox"/> All its sides are different lengths. <input type="checkbox"/> It has one right angle. <input type="checkbox"/>	13 15 <input type="checkbox"/> 17 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/>	14 13 <input type="checkbox"/> 48 <input type="checkbox"/> 35 <input type="checkbox"/> 25 <input type="checkbox"/> 40 <input type="checkbox"/>	15 19:50 <input type="checkbox"/> 20:20 <input type="checkbox"/> 20:40 <input type="checkbox"/> 20:50 <input type="checkbox"/> 21:10 <input type="checkbox"/>	16 12.5 <input type="checkbox"/> 125 <input type="checkbox"/> 1250 <input type="checkbox"/> 12,500 <input type="checkbox"/> 250,000 <input type="checkbox"/>	
17 40° <input type="checkbox"/> 50° <input type="checkbox"/> 100° <input type="checkbox"/> 140° <input type="checkbox"/> 180° <input type="checkbox"/>	18 (5, 7) <input type="checkbox"/> (7, 5) <input type="checkbox"/> (5, 5) <input type="checkbox"/> (6, 8) <input type="checkbox"/> (6, 6) <input type="checkbox"/>	19 less than 1 hour a day <input type="checkbox"/> between 1 and 2 hours a day <input type="checkbox"/> more than 2 hours a day <input type="checkbox"/> more than 3 hours a day <input type="checkbox"/> 2 hours a day <input type="checkbox"/>	20 15cm <input type="checkbox"/> 19.5cm <input type="checkbox"/> 23cm <input type="checkbox"/> 25.5cm <input type="checkbox"/> 29cm <input type="checkbox"/>		
21 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	22 60% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 40% <input type="checkbox"/> 25% <input type="checkbox"/>	23 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	24 31 minutes <input type="checkbox"/> 46 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 41 minutes <input type="checkbox"/> 37 minutes <input type="checkbox"/>	25 64 <input type="checkbox"/> 46 <input type="checkbox"/> 6.4 <input type="checkbox"/> 32 <input type="checkbox"/> 4.6 <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: Codes (Pages 25–27)

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"/>				


Merge Shapes (Addition and Subtraction) (Pages 28–30)

Example A <input checked="" type="checkbox"/> B <input 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"/>				

Answer sheets

Practice Paper 2A: English and Verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

The Future of Tourism: Adventure Awaits! (pages 32 and 41–42)

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"/>
--	--	--	--	--	--	--	--	--

Punctuation (page 43)

1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	9 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>
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A Magical Night (page 44)

1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	2 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	7 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>	8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/>
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Grammar (page 45)

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"/>
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Verbal Reasoning (page 46)

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

Practice Paper 2A: English and Verbal Reasoning

Student name:

Please mark the boxes with a horizontal line like this .

Verbal Reasoning (page 47)

Example	1	2	3	4	5
energy <input checked="" type="checkbox"/>	cease <input type="checkbox"/>	sheep <input type="checkbox"/>	petrol <input type="checkbox"/>	fish <input type="checkbox"/>	knee <input type="checkbox"/>
food <input checked="" type="checkbox"/>	finish <input type="checkbox"/>	graze <input type="checkbox"/>	engine <input type="checkbox"/>	weigh <input type="checkbox"/>	run <input type="checkbox"/>
restaurant <input type="checkbox"/>	open <input type="checkbox"/>	farm <input type="checkbox"/>	fill <input type="checkbox"/>	climb <input type="checkbox"/>	foot <input type="checkbox"/>
swallow <input type="checkbox"/>	broad <input type="checkbox"/>	lass <input type="checkbox"/>	sail <input type="checkbox"/>	heavy <input type="checkbox"/>	walk <input type="checkbox"/>
juice <input type="checkbox"/>	thin <input type="checkbox"/>	goat <input type="checkbox"/>	yacht <input type="checkbox"/>	whale <input type="checkbox"/>	finger <input type="checkbox"/>
drink <input checked="" type="checkbox"/>	stiff <input type="checkbox"/>	field <input type="checkbox"/>	blow <input type="checkbox"/>	descend <input type="checkbox"/>	elbow <input type="checkbox"/>

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Example	1	2	3	4	5
SAT <input type="checkbox"/>	OPT <input type="checkbox"/>	FAT <input type="checkbox"/>	RUB <input type="checkbox"/>	COW <input type="checkbox"/>	PEA <input type="checkbox"/>
SIT <input checked="" type="checkbox"/>	ACT <input type="checkbox"/>	FUR <input type="checkbox"/>	RUT <input type="checkbox"/>	COP <input type="checkbox"/>	PIP <input type="checkbox"/>
SON <input type="checkbox"/>	EAT <input type="checkbox"/>	FAR <input type="checkbox"/>	RUG <input type="checkbox"/>	CAT <input type="checkbox"/>	PIE <input type="checkbox"/>
SET <input type="checkbox"/>	AFT <input type="checkbox"/>	FIT <input type="checkbox"/>	RUE <input type="checkbox"/>	COO <input type="checkbox"/>	PIN <input type="checkbox"/>
SIR <input type="checkbox"/>	APT <input type="checkbox"/>	FOR <input type="checkbox"/>	RUN <input type="checkbox"/>	COT <input type="checkbox"/>	PUS <input type="checkbox"/>

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Example	1	2	3	4	5
VC <input checked="" type="checkbox"/>	KL <input type="checkbox"/>	HG <input type="checkbox"/>	OU <input type="checkbox"/>	CV <input type="checkbox"/>	JI <input type="checkbox"/>
VB <input type="checkbox"/>	LL <input type="checkbox"/>	IH <input type="checkbox"/>	PU <input type="checkbox"/>	EU <input type="checkbox"/>	VZ <input type="checkbox"/>
AZ <input type="checkbox"/>	MM <input type="checkbox"/>	HK <input type="checkbox"/>	OT <input type="checkbox"/>	EV <input type="checkbox"/>	HG <input type="checkbox"/>
ZB <input type="checkbox"/>	JK <input type="checkbox"/>	GF <input type="checkbox"/>	OV <input type="checkbox"/>	GT <input type="checkbox"/>	VY <input type="checkbox"/>
WC <input type="checkbox"/>	HN <input type="checkbox"/>	HL <input type="checkbox"/>	PV <input type="checkbox"/>	FU <input type="checkbox"/>	UX <input type="checkbox"/>

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Example	1	2	3	4
wander <input checked="" type="checkbox"/>	art <input type="checkbox"/>	honest <input type="checkbox"/>	doctor <input type="checkbox"/>	back <input type="checkbox"/>
sprint <input type="checkbox"/>	vehicle <input type="checkbox"/>	comic <input type="checkbox"/>	inspector <input type="checkbox"/>	reverse <input type="checkbox"/>
flee <input type="checkbox"/>	craft <input type="checkbox"/>	limerick <input type="checkbox"/>	interpreter <input type="checkbox"/>	ribs <input type="checkbox"/>
limp <input type="checkbox"/>	forge <input type="checkbox"/>	novel <input type="checkbox"/>	dentist <input type="checkbox"/>	chest <input type="checkbox"/>
stroll <input checked="" type="checkbox"/>	travel <input type="checkbox"/>	serious <input type="checkbox"/>	translator <input type="checkbox"/>	repel <input type="checkbox"/>
face <input type="checkbox"/>	frame <input type="checkbox"/>	amusing <input type="checkbox"/>	journalist <input type="checkbox"/>	support <input type="checkbox"/>

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Example	1	2	3	4
12 <input type="checkbox"/>	14 <input type="checkbox"/>	3 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>
22 <input type="checkbox"/>	11 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	6 <input type="checkbox"/>
2 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	2 <input type="checkbox"/>	11 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	12 <input type="checkbox"/>	5 <input type="checkbox"/>	12 <input type="checkbox"/>	3 <input type="checkbox"/>
23 <input type="checkbox"/>	10 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	4 <input type="checkbox"/>

Reading Question (page 51)

1
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 \equiv .

Mathematics (pages 53–58)

1 248 <input type="checkbox"/> 2408 <input type="checkbox"/> 20,048 <input type="checkbox"/> 2480 <input type="checkbox"/> 2048 <input type="checkbox"/>	2 x is less than y and y is less than z <input type="checkbox"/> y is greater than z and z is greater than x <input type="checkbox"/> z is greater than x and x is less than y <input type="checkbox"/> x is less than y and y is greater than z <input type="checkbox"/> z is greater than y and y is less than x <input type="checkbox"/>	3 55km <input type="checkbox"/> 30km <input type="checkbox"/> 45km <input type="checkbox"/> 50km <input type="checkbox"/> 60km <input type="checkbox"/>	4 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	5 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 95 <input type="checkbox"/> 97 <input type="checkbox"/>	
6 53 <input type="checkbox"/> 125 <input type="checkbox"/> 153 <input type="checkbox"/> 55 <input type="checkbox"/> 25 <input type="checkbox"/>	7 2 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/>	8 1214 <input type="checkbox"/> 1854 <input type="checkbox"/> 2125 <input type="checkbox"/> 1225 <input type="checkbox"/> 2154 <input type="checkbox"/>	9 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 4 tens <input type="checkbox"/> 4 hundreds <input type="checkbox"/> 4 ones <input type="checkbox"/> 4 thousands <input type="checkbox"/> 4 thousandths <input type="checkbox"/>	11 90 <input type="checkbox"/> 93 <input type="checkbox"/> 96 <input type="checkbox"/> 99 <input type="checkbox"/> 102 <input type="checkbox"/>
12 1 <input type="checkbox"/> 8 <input type="checkbox"/> $\frac{1}{4}$ <input type="checkbox"/> $\frac{3}{8}$ <input type="checkbox"/> $\frac{1}{2}$ <input type="checkbox"/> $\frac{5}{8}$ <input type="checkbox"/>	13 35cm <input type="checkbox"/> 15cm <input type="checkbox"/> 20cm <input type="checkbox"/> 14cm <input type="checkbox"/> 9cm <input type="checkbox"/>	14 34p <input type="checkbox"/> 40p <input type="checkbox"/> 48p <input type="checkbox"/> 36p <input type="checkbox"/> 50p <input type="checkbox"/>	15 4 <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	16 19 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 31 <input type="checkbox"/> 35 <input type="checkbox"/>	17 (6, 7) <input type="checkbox"/> (5, 5) <input type="checkbox"/> (2, -4) <input type="checkbox"/> (2, 9) <input type="checkbox"/> (8, 3) <input type="checkbox"/>
18 73,600 <input type="checkbox"/> 73.6 <input type="checkbox"/> 0.736 <input type="checkbox"/> 7.36 <input type="checkbox"/> 0.0736 <input type="checkbox"/>	19 90° <input type="checkbox"/> 60° <input type="checkbox"/> 30° <input type="checkbox"/> 75° <input type="checkbox"/> 100° <input type="checkbox"/>	20 38 <input type="checkbox"/> 29 <input type="checkbox"/> 31 <input type="checkbox"/> 28 <input type="checkbox"/> 27 <input type="checkbox"/>	21 19.8kg <input type="checkbox"/> 1.9kg <input type="checkbox"/> 1.89kg <input type="checkbox"/> 1.98kg <input type="checkbox"/> 18.9kg <input type="checkbox"/>	22 20 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/>	
23 6 hours <input type="checkbox"/> 6.5 hours <input type="checkbox"/> 7 hours <input type="checkbox"/> 7.5 hours <input type="checkbox"/> 8 hours <input type="checkbox"/>	24 $6\frac{1}{2}$ <input type="checkbox"/> 7 <input type="checkbox"/> $7\frac{1}{2}$ <input type="checkbox"/> $8\frac{1}{2}$ <input type="checkbox"/> 9 <input type="checkbox"/>	25 24,000 <input type="checkbox"/> 46,000 <input type="checkbox"/> 72,000 <input type="checkbox"/> 74,000 <input type="checkbox"/> 80,000 <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: Series (Pages 59–61)

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"/>	14 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	15 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	16 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"/>				