

Pupil's Name

Date of Test

School Name

DATE OF BIRTH		
Day	Month	Year
01	January	2002
01	February	2003
02	March	2004
03	April	2005
04	May	2006
05	June	2007
06	July	2008
07	August	2009
08	September	2010
09	October	2011
	November	2012
	December	2013

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

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

Please mark boxes with a thin horizontal line like this .

EXAMPLE LAD <input type="checkbox"/> LAW <input checked="" type="checkbox"/> HAD <input type="checkbox"/> RAW <input type="checkbox"/> RED <input type="checkbox"/>	1 LAP <input type="checkbox"/> AND <input type="checkbox"/> CAN <input type="checkbox"/> OLD <input type="checkbox"/> TAR <input type="checkbox"/>	2 LIT <input type="checkbox"/> AIM <input type="checkbox"/> ONE <input type="checkbox"/> OWL <input type="checkbox"/> INK <input type="checkbox"/>	3 MEN <input type="checkbox"/> CAT <input type="checkbox"/> PEN <input type="checkbox"/> EAR <input type="checkbox"/> ANT <input type="checkbox"/>	4 OFF <input type="checkbox"/> OAT <input type="checkbox"/> ATE <input type="checkbox"/> AID <input type="checkbox"/> END <input type="checkbox"/>	5 HAS <input type="checkbox"/> ILL <input type="checkbox"/> HIS <input type="checkbox"/> OIL <input type="checkbox"/> EEL <input type="checkbox"/>	6 RAN <input type="checkbox"/> SAT <input type="checkbox"/> NOT <input type="checkbox"/> OUR <input type="checkbox"/> OWE <input type="checkbox"/>	7 ALL <input type="checkbox"/> FOR <input type="checkbox"/> ATE <input type="checkbox"/> ILL <input type="checkbox"/> AND <input type="checkbox"/>
--	---	---	---	---	---	---	---

EXAMPLE office <input type="checkbox"/> work <input type="checkbox"/> shop <input type="checkbox"/> begin <input checked="" type="checkbox"/> start <input checked="" type="checkbox"/> end <input type="checkbox"/>	8 can <input type="checkbox"/> fry <input type="checkbox"/> grease <input type="checkbox"/> oil <input type="checkbox"/> pan <input type="checkbox"/> slip <input type="checkbox"/>	9 calm <input type="checkbox"/> tired <input type="checkbox"/> rest <input type="checkbox"/> peaceful <input type="checkbox"/> laugh <input type="checkbox"/> happy <input type="checkbox"/>	10 increase <input type="checkbox"/> race <input type="checkbox"/> quick <input type="checkbox"/> speed <input type="checkbox"/> accelerate <input type="checkbox"/> rapid <input type="checkbox"/>	11 teach <input type="checkbox"/> outcome <input type="checkbox"/> result <input type="checkbox"/> incident <input type="checkbox"/> occur <input type="checkbox"/> learn <input type="checkbox"/>	12 sufficient <input type="checkbox"/> essential <input type="checkbox"/> vital <input type="checkbox"/> certain <input type="checkbox"/> valid <input type="checkbox"/> specific <input type="checkbox"/>	13 error <input type="checkbox"/> amend <input type="checkbox"/> correct <input type="checkbox"/> tick <input type="checkbox"/> erase <input type="checkbox"/> read <input type="checkbox"/>	14 purpose <input type="checkbox"/> pursue <input type="checkbox"/> improve <input type="checkbox"/> intention <input type="checkbox"/> agree <input type="checkbox"/> decision <input type="checkbox"/>
---	--	---	--	---	---	---	---

EXAMPLE The film <input type="checkbox"/> film ended <input checked="" type="checkbox"/> ended happily <input type="checkbox"/> happily after <input type="checkbox"/> after all. <input type="checkbox"/>	15 The bold <input type="checkbox"/> bold monkey <input type="checkbox"/> monkey sat <input type="checkbox"/> sat on <input type="checkbox"/> on my <input type="checkbox"/>	16 It is <input type="checkbox"/> is wonderful <input type="checkbox"/> wonderful living <input type="checkbox"/> living in <input type="checkbox"/> in the <input type="checkbox"/>	17 The sky <input type="checkbox"/> sky was <input type="checkbox"/> was clear <input type="checkbox"/> clear after <input type="checkbox"/> after days <input type="checkbox"/>	18 Does the <input type="checkbox"/> the paper <input type="checkbox"/> paper come <input type="checkbox"/> come with <input type="checkbox"/> with envelopes? <input type="checkbox"/>	19 The angry <input type="checkbox"/> angry woman <input type="checkbox"/> woman yelled <input type="checkbox"/> yelled at <input type="checkbox"/> at the <input type="checkbox"/>	20 I emptied <input type="checkbox"/> emptied it <input type="checkbox"/> it for <input type="checkbox"/> for you <input type="checkbox"/> you last <input type="checkbox"/>	21 She ran <input type="checkbox"/> ran to <input type="checkbox"/> to catch <input type="checkbox"/> catch the <input type="checkbox"/> the bus. <input type="checkbox"/>	22 Yousuf and Natalie. <input type="checkbox"/> Yousuf and Matthew. <input type="checkbox"/> Matthew and Michelle. <input type="checkbox"/> Christopher and Matthew. <input type="checkbox"/> Natalie and Michelle. <input type="checkbox"/>
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EXAMPLE p <input type="checkbox"/> n <input type="checkbox"/> f <input type="checkbox"/> t <input checked="" type="checkbox"/> c <input type="checkbox"/>	23 p <input type="checkbox"/> w <input type="checkbox"/> d <input type="checkbox"/> t <input type="checkbox"/> f <input type="checkbox"/>	24 h <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/>	25 w <input type="checkbox"/> s <input type="checkbox"/> t <input type="checkbox"/> h <input type="checkbox"/> b <input type="checkbox"/>	26 b <input type="checkbox"/> l <input type="checkbox"/> p <input type="checkbox"/> m <input type="checkbox"/> t <input type="checkbox"/>	27 r <input type="checkbox"/> b <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> f <input type="checkbox"/>	28 d <input type="checkbox"/> t <input type="checkbox"/> p <input type="checkbox"/> k <input type="checkbox"/> m <input type="checkbox"/>	29 y <input type="checkbox"/> n <input type="checkbox"/> t <input type="checkbox"/> f <input type="checkbox"/> d <input type="checkbox"/>
--	--	--	--	--	--	--	--

EXAMPLE	30	31	32	33	34	35	36
bud <input checked="" type="checkbox"/>	neat <input type="checkbox"/>	ray <input type="checkbox"/>	bar <input type="checkbox"/>	bind <input type="checkbox"/>	stem <input type="checkbox"/>	gain <input type="checkbox"/>	neat <input type="checkbox"/>
beg <input type="checkbox"/>	rate <input type="checkbox"/>	rum <input type="checkbox"/>	bag <input type="checkbox"/>	bend <input type="checkbox"/>	stir <input type="checkbox"/>	hard <input type="checkbox"/>	pear <input type="checkbox"/>
dug <input type="checkbox"/>	game <input type="checkbox"/>	nay <input type="checkbox"/>	rag <input type="checkbox"/>	bean <input type="checkbox"/>	ream <input type="checkbox"/>	gear <input type="checkbox"/>	hear <input type="checkbox"/>
bed <input type="checkbox"/>	near <input type="checkbox"/>	ram <input type="checkbox"/>	car <input type="checkbox"/>	bond <input type="checkbox"/>	star <input type="checkbox"/>	hear <input type="checkbox"/>	heat <input type="checkbox"/>
wed <input type="checkbox"/>	gate <input type="checkbox"/>	pay <input type="checkbox"/>	ear <input type="checkbox"/>	bead <input type="checkbox"/>	rear <input type="checkbox"/>	hand <input type="checkbox"/>	near <input type="checkbox"/>

EXAMPLE	37	38	39	40	41	42	43	44
black <input type="checkbox"/>	pile <input type="checkbox"/>	slim <input type="checkbox"/>	possess <input type="checkbox"/>	pollute <input type="checkbox"/>	grow <input type="checkbox"/>	clear <input type="checkbox"/>	distribute <input type="checkbox"/>	acquire <input type="checkbox"/>
mouse <input checked="" type="checkbox"/>	heap <input type="checkbox"/>	lean <input type="checkbox"/>	get <input type="checkbox"/>	remove <input type="checkbox"/>	time <input type="checkbox"/>	conclude <input type="checkbox"/>	spread <input type="checkbox"/>	sustain <input type="checkbox"/>
red <input type="checkbox"/>	high <input type="checkbox"/>	tilt <input type="checkbox"/>	buy <input type="checkbox"/>	take <input type="checkbox"/>	develop <input type="checkbox"/>	finish <input type="checkbox"/>	arrange <input type="checkbox"/>	maintain <input type="checkbox"/>
green <input type="checkbox"/>	heavy <input type="checkbox"/>	hill <input type="checkbox"/>	own <input type="checkbox"/>	destroy <input type="checkbox"/>	exist <input type="checkbox"/>	terminate <input type="checkbox"/>	disperse <input type="checkbox"/>	gain <input type="checkbox"/>
hut <input checked="" type="checkbox"/>	stack <input type="checkbox"/>	thin <input type="checkbox"/>	have <input type="checkbox"/>	seize <input type="checkbox"/>	mature <input type="checkbox"/>	prevent <input type="checkbox"/>	organise <input type="checkbox"/>	obtain <input type="checkbox"/>

EXAMPLE	45	46	47	48	49	50	51	52
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"/>

EXAMPLE	53	54	55	56
out <input checked="" type="checkbox"/>	far <input type="checkbox"/>	be <input type="checkbox"/>	cot <input type="checkbox"/>	pen <input type="checkbox"/>
by <input type="checkbox"/>	sea <input type="checkbox"/>	can <input type="checkbox"/>	off <input type="checkbox"/>	cot <input type="checkbox"/>
open <input type="checkbox"/>	at <input type="checkbox"/>	fin <input type="checkbox"/>	adapt <input type="checkbox"/>	ham <input type="checkbox"/>
bite <input type="checkbox"/>	son <input type="checkbox"/>	ward <input type="checkbox"/>	turn <input type="checkbox"/>	ton <input type="checkbox"/>
like <input type="checkbox"/>	are <input type="checkbox"/>	less <input type="checkbox"/>	able <input type="checkbox"/>	gain <input type="checkbox"/>
side <input checked="" type="checkbox"/>	den <input type="checkbox"/>	at <input type="checkbox"/>	tune <input type="checkbox"/>	by <input type="checkbox"/>

57	58	59	60
ear <input type="checkbox"/>	set <input type="checkbox"/>	bat <input type="checkbox"/>	tea <input type="checkbox"/>
in <input type="checkbox"/>	the <input type="checkbox"/>	up <input type="checkbox"/>	grin <input type="checkbox"/>
us <input type="checkbox"/>	he <input type="checkbox"/>	rest <input type="checkbox"/>	set <input type="checkbox"/>
ant <input type="checkbox"/>	red <input type="checkbox"/>	ant <input type="checkbox"/>	ring <input type="checkbox"/>
bin <input type="checkbox"/>	nut <input type="checkbox"/>	rain <input type="checkbox"/>	pet <input type="checkbox"/>
age <input type="checkbox"/>	me <input type="checkbox"/>	fill <input type="checkbox"/>	dish <input type="checkbox"/>

EXAMPLE	61	62	63	64	65	66
1 <input type="checkbox"/>	8 <input type="checkbox"/>	16 <input type="checkbox"/>	30 <input type="checkbox"/>	4 <input type="checkbox"/>	45 <input type="checkbox"/>	23 <input type="checkbox"/>
2 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>	15 <input type="checkbox"/>	50 <input type="checkbox"/>	7 <input type="checkbox"/>	50 <input type="checkbox"/>	25 <input type="checkbox"/>
3 <input type="checkbox"/>	4 <input type="checkbox"/>	19 <input type="checkbox"/>	40 <input type="checkbox"/>	3 <input type="checkbox"/>	32 <input type="checkbox"/>	29 <input type="checkbox"/>
4 <input type="checkbox"/>	2 <input type="checkbox"/>	17 <input type="checkbox"/>	35 <input type="checkbox"/>	5 <input type="checkbox"/>	47 <input type="checkbox"/>	31 <input type="checkbox"/>
5 <input type="checkbox"/>	10 <input type="checkbox"/>	18 <input type="checkbox"/>	45 <input type="checkbox"/>	2 <input type="checkbox"/>	37 <input type="checkbox"/>	27 <input type="checkbox"/>

67	68	69	70	71	72	73
18 <input type="checkbox"/>	3752 <input type="checkbox"/>	DEAL <input type="checkbox"/>	53758 <input type="checkbox"/>	4726 <input type="checkbox"/>	MEATS <input type="checkbox"/>	41725 <input type="checkbox"/>
14 <input type="checkbox"/>	5674 <input type="checkbox"/>	LIFE <input type="checkbox"/>	34762 <input type="checkbox"/>	5163 <input type="checkbox"/>	LEAKS <input type="checkbox"/>	43875 <input type="checkbox"/>
16 <input type="checkbox"/>	4689 <input type="checkbox"/>	DEAF <input type="checkbox"/>	34769 <input type="checkbox"/>	4752 <input type="checkbox"/>	LEAST <input type="checkbox"/>	34875 <input type="checkbox"/>
12 <input type="checkbox"/>	3759 <input type="checkbox"/>	LEAF <input type="checkbox"/>	53762 <input type="checkbox"/>	3726 <input type="checkbox"/>	LASTS <input type="checkbox"/>	42176 <input type="checkbox"/>
10 <input type="checkbox"/>	5632 <input type="checkbox"/>	LEAD <input type="checkbox"/>	34758 <input type="checkbox"/>	3752 <input type="checkbox"/>	STEAL <input type="checkbox"/>	43175 <input type="checkbox"/>

EXAMPLE	74	75	76	77	78	79	80
GP <input type="checkbox"/>	ZL <input type="checkbox"/>	QS <input type="checkbox"/>	WP <input type="checkbox"/>	MI <input type="checkbox"/>	QR <input type="checkbox"/>	MM <input type="checkbox"/>	BA <input type="checkbox"/>
GO <input checked="" type="checkbox"/>	YL <input type="checkbox"/>	QT <input type="checkbox"/>	VM <input type="checkbox"/>	DJ <input type="checkbox"/>	OP <input type="checkbox"/>	LM <input type="checkbox"/>	YD <input type="checkbox"/>
HO <input type="checkbox"/>	VL <input type="checkbox"/>	MS <input type="checkbox"/>	PH <input type="checkbox"/>	CJ <input type="checkbox"/>	NO <input type="checkbox"/>	ML <input type="checkbox"/>	CA <input type="checkbox"/>
GR <input type="checkbox"/>	XL <input type="checkbox"/>	ST <input type="checkbox"/>	RK <input type="checkbox"/>	MS <input type="checkbox"/>	PQ <input type="checkbox"/>	LN <input type="checkbox"/>	YA <input type="checkbox"/>
GQ <input type="checkbox"/>	UL <input type="checkbox"/>	MT <input type="checkbox"/>	VO <input type="checkbox"/>	CI <input type="checkbox"/>	MN <input type="checkbox"/>	LL <input type="checkbox"/>	BD <input type="checkbox"/>