



Pupil's Name

School Name

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

UNIQUE PUPIL NUMBER

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

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

Please mark boxes with a thin horizontal line like this .

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

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

<p>EXAMPLE</p> <p>16 <input type="checkbox"/></p> <p>11 <input type="checkbox"/></p> <p>10 <input checked="" type="checkbox"/></p> <p>9 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p>	<p>16</p> <p>403 <input type="checkbox"/></p> <p>404 <input type="checkbox"/></p> <p>417 <input type="checkbox"/></p> <p>419 <input type="checkbox"/></p> <p>445 <input type="checkbox"/></p>	<p>17</p> <p>432 <input type="checkbox"/></p> <p>504 <input type="checkbox"/></p> <p>528 <input type="checkbox"/></p> <p>574 <input type="checkbox"/></p> <p>576 <input type="checkbox"/></p>	<p>18</p> <p>27 <input type="checkbox"/></p> <p>31 <input type="checkbox"/></p> <p>33 <input type="checkbox"/></p> <p>34 <input type="checkbox"/></p> <p>37 <input type="checkbox"/></p>	<p>19</p> <p>10 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>14 <input type="checkbox"/></p> <p>16 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p>	<p>20</p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p>	<p>21</p> <p>40 <input type="checkbox"/></p> <p>41 <input type="checkbox"/></p> <p>42 <input type="checkbox"/></p> <p>43 <input type="checkbox"/></p> <p>44 <input type="checkbox"/></p>	<p>22</p> <p>1458 <input type="checkbox"/></p> <p>2187 <input type="checkbox"/></p> <p>2916 <input type="checkbox"/></p> <p>3645 <input type="checkbox"/></p> <p>4374 <input type="checkbox"/></p>	<p>23</p> <p>8 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p> <p>11 <input type="checkbox"/></p> <p>13 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p>
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<p>EXAMPLE</p> <p>LAD <input type="checkbox"/></p> <p>LAW <input checked="" type="checkbox"/></p> <p>HAD <input type="checkbox"/></p> <p>RAW <input type="checkbox"/></p> <p>RED <input type="checkbox"/></p>	<p>24</p> <p>ATE <input type="checkbox"/></p> <p>BOO <input type="checkbox"/></p> <p>LOW <input type="checkbox"/></p> <p>BOW <input type="checkbox"/></p> <p>ACT <input type="checkbox"/></p>	<p>25</p> <p>ACT <input type="checkbox"/></p> <p>RAN <input type="checkbox"/></p> <p>ERR <input type="checkbox"/></p> <p>ATE <input type="checkbox"/></p> <p>EAR <input type="checkbox"/></p>	<p>26</p> <p>ARE <input type="checkbox"/></p> <p>TEE <input type="checkbox"/></p> <p>MAT <input type="checkbox"/></p> <p>TEA <input type="checkbox"/></p> <p>LAW <input type="checkbox"/></p>	<p>27</p> <p>RAP <input type="checkbox"/></p> <p>LAP <input type="checkbox"/></p> <p>ILL <input type="checkbox"/></p> <p>AIM <input type="checkbox"/></p> <p>EAR <input type="checkbox"/></p>	<p>28</p> <p>ARE <input type="checkbox"/></p> <p>YOU <input type="checkbox"/></p> <p>AIR <input type="checkbox"/></p> <p>ANY <input type="checkbox"/></p> <p>OUR <input type="checkbox"/></p>	<p>29</p> <p>RAN <input type="checkbox"/></p> <p>TEA <input type="checkbox"/></p> <p>WIN <input type="checkbox"/></p> <p>TAR <input type="checkbox"/></p> <p>WON <input type="checkbox"/></p>	<p>30</p> <p>OUR <input type="checkbox"/></p> <p>RAT <input type="checkbox"/></p> <p>BEE <input type="checkbox"/></p> <p>SIT <input type="checkbox"/></p> <p>MEN <input type="checkbox"/></p>	<p>31</p> <p>TIN <input type="checkbox"/></p> <p>SEA <input type="checkbox"/></p> <p>MET <input type="checkbox"/></p> <p>PIT <input type="checkbox"/></p> <p>BUT <input type="checkbox"/></p>
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<p>EXAMPLE</p> <p>RT <input type="checkbox"/></p> <p>SR <input type="checkbox"/></p> <p>ST <input type="checkbox"/></p> <p>RS <input checked="" type="checkbox"/></p> <p>QR <input type="checkbox"/></p>	<p>32</p> <p>XH <input type="checkbox"/></p> <p>FG <input type="checkbox"/></p> <p>XO <input type="checkbox"/></p> <p>FO <input type="checkbox"/></p> <p>XG <input type="checkbox"/></p>	<p>33</p> <p>ZU <input type="checkbox"/></p> <p>HO <input type="checkbox"/></p> <p>AU <input type="checkbox"/></p> <p>ZO <input type="checkbox"/></p> <p>HN <input type="checkbox"/></p>	<p>34</p> <p>DA <input type="checkbox"/></p> <p>YZ <input type="checkbox"/></p> <p>XZ <input type="checkbox"/></p> <p>XB <input type="checkbox"/></p> <p>YD <input type="checkbox"/></p>	<p>35</p> <p>AP <input type="checkbox"/></p> <p>ZP <input type="checkbox"/></p> <p>KL <input type="checkbox"/></p> <p>KN <input type="checkbox"/></p> <p>AL <input type="checkbox"/></p>	<p>36</p> <p>GZ <input type="checkbox"/></p> <p>WB <input type="checkbox"/></p> <p>WZ <input type="checkbox"/></p> <p>GB <input type="checkbox"/></p> <p>XB <input type="checkbox"/></p>	<p>37</p> <p>WB <input type="checkbox"/></p> <p>QY <input type="checkbox"/></p> <p>QA <input type="checkbox"/></p> <p>VA <input type="checkbox"/></p> <p>WY <input type="checkbox"/></p>	<p>38</p> <p>UH <input type="checkbox"/></p> <p>MH <input type="checkbox"/></p> <p>UP <input type="checkbox"/></p> <p>MI <input type="checkbox"/></p> <p>TP <input type="checkbox"/></p>
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Please mark boxes with a thin horizontal line like this .

EXAMPLE

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

39

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

40

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

41

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

42

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

43

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

44

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

45

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

EXAMPLE

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

46

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

47

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

48

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

49

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

50

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

51

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

52

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

53

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

EXAMPLE

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

54

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

55

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

56

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

57

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

58

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

59

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

60

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

EXAMPLE

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

61

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

62

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

63

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

64

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

65

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

66

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

67

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

EXAMPLE

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

68

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

69

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

70

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

71

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

72

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

73

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

74

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

EXAMPLE

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

75

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

76

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

77

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

78

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

79

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

80

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

