

11+ Non-Verbal Reasoning Mixed Practice Tests

Pupil's name:

Test date:

School name:

Date of Birth		
Day	Month	Year
[0]	[0]	January <input type="checkbox"/> 2005 <input type="checkbox"/>
[1]	[1]	February <input type="checkbox"/> 2006 <input type="checkbox"/>
[2]	[2]	March <input type="checkbox"/> 2007 <input type="checkbox"/>
[3]	[3]	April <input type="checkbox"/> 2008 <input type="checkbox"/>
[4]	[4]	May <input type="checkbox"/> 2009 <input type="checkbox"/>
[5]	[5]	June <input type="checkbox"/> 2010 <input type="checkbox"/>
[6]	[6]	July <input type="checkbox"/> 2011 <input type="checkbox"/>
[7]	[7]	August <input type="checkbox"/> 2012 <input type="checkbox"/>
[8]	[8]	September <input type="checkbox"/> 2013 <input type="checkbox"/>
[9]	[9]	October <input type="checkbox"/> 2014 <input type="checkbox"/>
		November <input type="checkbox"/> 2015 <input type="checkbox"/>
		December <input type="checkbox"/> 2016 <input type="checkbox"/>

Pupil Number						School Number					
[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]

Please mark like this:

Mixed Practice Tests

Test 1

1

a

b

c

d

2

a

b

c

d

3

a

b

c

d

4

a

b

c

d

5

a

b

c

d

6

a

b

c

d

7

a

b

c

d

8

a

b

c

d

9

a

b

c

d

10

a

b

c

d

11

a

b

c

d

12

a

b

c

d

13

a

b

c

d

e

14

a

b

c

d

e

15

a

b

c

d

e

16

a

b

c

d

e

Test 2

1

a

b

c

d

2

a

b

c

d

3

a

b

c

d

4

a

b

c

d

5

a

b

c

d

6

a

b

c

d

7

a

b

c

d

8

a

b

c

d

9

a

b

c

d

10

a

b

c

d

11

a

b

c

d

12

a

b

c

d

13

a

b

c

d

14

a

b

c

15

a

b

c

16

a

b

c

Test 3

1

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

2

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

3

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

4

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

5

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

6

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

7

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

8

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

9

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

10

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

11

a	<input type="checkbox"/>	d	<input type="checkbox"/>
b	<input type="checkbox"/>	e	<input type="checkbox"/>
c	<input type="checkbox"/>		<input type="checkbox"/>

12

a	<input type="checkbox"/>	d	<input type="checkbox"/>
b	<input type="checkbox"/>	e	<input type="checkbox"/>
c	<input type="checkbox"/>		<input type="checkbox"/>

13

a	<input type="checkbox"/>	d	<input type="checkbox"/>
b	<input type="checkbox"/>	e	<input type="checkbox"/>
c	<input type="checkbox"/>		<input type="checkbox"/>

14

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

15

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

16

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

Test 4

1

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

2

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

3

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

4

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

5

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

6

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

7

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

8

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

9

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

10

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

11

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

12

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

13

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

14

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

15

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>

16

a	<input type="checkbox"/>
b	<input type="checkbox"/>
c	<input type="checkbox"/>
d	<input type="checkbox"/>