

11+ Non-Verbal Reasoning Mixed Practice Tests

Pupil's name:

Test date:

School name:

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

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

e

2

a

b

c

d

e

3

a

b

c

d

e

4

a

b

c

d

e

5

a

b

c

d

e

6

a

b

c

d

e

7

a

b

c

d

e

8

a

b

c

d

e

9

a

b

c

d

e

10

a

b

c

d

e

11

a

b

c

d

e

12

a

b

c

d

e

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

e

2

a

b

c

d

e

3

a

b

c

d

e

4

a

b

c

d

e

5

a

b

c

d

e

6

a

b

c

d

e

7

a

b

c

d

e

8

a

b

c

d

e

9

a

b

c

d

e

10

a

b

c

d

e

11

a

b

c

d

e

12

a

b

c

d

e

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 3

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"/>
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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"/>

Test 4

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"/>
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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"/>