

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

**EXAMPLE**

confident	<input type="checkbox"/>	assured	<input type="checkbox"/>
worried	<input checked="" type="checkbox"/>	calm	<input checked="" type="checkbox"/>
annoyed	<input type="checkbox"/>	elated	<input type="checkbox"/>

**1**

sudden	<input type="checkbox"/>	scarce	<input type="checkbox"/>
relentless	<input type="checkbox"/>	momentary	<input type="checkbox"/>
perpetual	<input type="checkbox"/>	frequent	<input type="checkbox"/>

**2**

disobey	<input type="checkbox"/>	discharge	<input type="checkbox"/>
intervene	<input type="checkbox"/>	comply	<input type="checkbox"/>
petition	<input type="checkbox"/>	ignore	<input type="checkbox"/>

**3**

timid	<input type="checkbox"/>	uninterested	<input type="checkbox"/>
thoughtful	<input type="checkbox"/>	secretive	<input type="checkbox"/>
inquisitive	<input type="checkbox"/>	trusting	<input type="checkbox"/>

**4**

uninvolved	<input type="checkbox"/>	critical	<input type="checkbox"/>
passionate	<input type="checkbox"/>	apathetic	<input type="checkbox"/>
energetic	<input type="checkbox"/>	reluctant	<input type="checkbox"/>

**EXAMPLE**

learn	<input type="checkbox"/>	care	<input type="checkbox"/>
school	<input checked="" type="checkbox"/>	medical	<input type="checkbox"/>
books	<input type="checkbox"/>	hospital	<input checked="" type="checkbox"/>

**5**

pitch	<input type="checkbox"/>	net	<input type="checkbox"/>
ball	<input type="checkbox"/>	court	<input type="checkbox"/>
tackle	<input type="checkbox"/>	round	<input type="checkbox"/>

**6**

remain	<input type="checkbox"/>	live	<input type="checkbox"/>
voyage	<input type="checkbox"/>	habitat	<input type="checkbox"/>
fly	<input type="checkbox"/>	vacate	<input type="checkbox"/>

**7**

green	<input type="checkbox"/>	yolk	<input type="checkbox"/>
pod	<input type="checkbox"/>	shell	<input type="checkbox"/>
vegetable	<input type="checkbox"/>	hard	<input type="checkbox"/>

**8**

full	<input type="checkbox"/>	quantity	<input type="checkbox"/>
plenty	<input type="checkbox"/>	shortage	<input type="checkbox"/>
wealth	<input type="checkbox"/>	available	<input type="checkbox"/>

**EXAMPLE**

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>

**9**

3	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
11	<input type="checkbox"/>

**10**

4	<input type="checkbox"/>
6	<input type="checkbox"/>
8	<input type="checkbox"/>
10	<input type="checkbox"/>
13	<input type="checkbox"/>

**11**

1	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
7	<input type="checkbox"/>
15	<input type="checkbox"/>

**12**

3	<input type="checkbox"/>
5	<input type="checkbox"/>
7	<input type="checkbox"/>
17	<input type="checkbox"/>
23	<input type="checkbox"/>

**13**

5413	<input type="checkbox"/>
6325	<input type="checkbox"/>
5341	<input type="checkbox"/>
6431	<input type="checkbox"/>
6412	<input type="checkbox"/>

**14**

1462	<input type="checkbox"/>
3615	<input type="checkbox"/>
1465	<input type="checkbox"/>
2136	<input type="checkbox"/>
1356	<input type="checkbox"/>

**15**

ATOM	<input type="checkbox"/>
TEAM	<input type="checkbox"/>
THAT	<input type="checkbox"/>
HATE	<input type="checkbox"/>
THEM	<input type="checkbox"/>

**EXAMPLE**

Tia had	<input type="checkbox"/>
had more	<input type="checkbox"/>
more than	<input type="checkbox"/>
than enough	<input type="checkbox"/>
enough earrings	<input checked="" type="checkbox"/>

**16**

The theatre	<input type="checkbox"/>
theatre exit	<input type="checkbox"/>
exit was	<input type="checkbox"/>
was totally	<input type="checkbox"/>
totally blocked	<input type="checkbox"/>

**17**

We're glad	<input type="checkbox"/>
glad you	<input type="checkbox"/>
you came	<input type="checkbox"/>
came after	<input type="checkbox"/>
after us	<input type="checkbox"/>

**18**

The grizzly	<input type="checkbox"/>
grizzly bear	<input type="checkbox"/>
bear chased	<input type="checkbox"/>
chased the	<input type="checkbox"/>
the rabbit	<input type="checkbox"/>

**19**

The chef	<input type="checkbox"/>
chef aired	<input type="checkbox"/>
aired her	<input type="checkbox"/>
her apron	<input type="checkbox"/>
apron outside	<input type="checkbox"/>

**20**

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

## Test 2

EXAMPLE

AND

NET

ANT

END

ERR

1

AIM

EAR

ARE

OIL

OAR

2

AGE

RAN

RAG

APT

ANY

3

RAW

TIN

PET

TEN

PAN

4

ARE

HER

TIN

EAR

TAN

EXAMPLE

lake

ocean

shore

stream

bank

5

habit

option

practice

routine

choice

6

textbook

fable

legend

fairytales

dictionary

7

luminous

searing

radiant

ignited

incandescent

8

nourished

satisfied

guzzled

devoured

gorged

EXAMPLE

1

4

11

19

30

9

5

9

10

17

24

10

2

3

6

15

17

11

1

3

7

12

15

12

2

4

5

7

13

EXAMPLE

aid

did

dad

sea

sad

13

bred

ride

dire

bide

grid

14

reel

deal

leer

dear

real

15

rare

spar

ears

errs

pear

16

sage

gate

sing

gain

tags

EXAMPLE

OV

RV

QU

QV

RU

17

WZ

WX

XX

VX

WW

18

VN

UM

TN

VM

TO

19

YO

AP

ZO

ZP

YP

20

ZY

ZZ

BZ

BY

ZA

## Test 3

EXAMPLE

isolated

rural

green

wild

quiet

rustic

1

abnormal

grotesque

intriguing

abrupt

outlandish

improbable

2

attack

confiscate

seize

commandeer

ransack

control

3

captivating

unfamiliar

bewildering

odd

distressing

mystifying

4

unnerve

distract

incite

confound

surprise

perturb

EXAMPLE

l

n

d

o

p

5

e

p

t

l

h

6

m

t

n

b

c

7

e

o

d

p

b

8

h

l

m

d

s

EXAMPLE

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

## Test 3 Continued

EXAMPLE

bee	<input type="checkbox"/>	herd	<input type="checkbox"/>
miss	<input type="checkbox"/>	come	<input checked="" type="checkbox"/>
over	<input checked="" type="checkbox"/>	leave	<input type="checkbox"/>

13

all	<input type="checkbox"/>	most	<input type="checkbox"/>
past	<input type="checkbox"/>	mat	<input type="checkbox"/>
for	<input type="checkbox"/>	time	<input type="checkbox"/>

14

are	<input type="checkbox"/>	self	<input type="checkbox"/>
how	<input type="checkbox"/>	side	<input type="checkbox"/>
set	<input type="checkbox"/>	led	<input type="checkbox"/>

15

for	<input type="checkbox"/>	less	<input type="checkbox"/>
seem	<input type="checkbox"/>	dome	<input type="checkbox"/>
tire	<input type="checkbox"/>	most	<input type="checkbox"/>

16

wave	<input type="checkbox"/>	late	<input type="checkbox"/>
ice	<input type="checkbox"/>	sing	<input type="checkbox"/>
paw	<input type="checkbox"/>	red	<input type="checkbox"/>

EXAMPLE

BOOST	<input type="checkbox"/>
BACON	<input type="checkbox"/>
BRAIN	<input type="checkbox"/>
BASIN	<input checked="" type="checkbox"/>
BATON	<input type="checkbox"/>

17

NFDV	<input type="checkbox"/>
NVDU	<input type="checkbox"/>
FOVE	<input type="checkbox"/>
OEDV	<input type="checkbox"/>
FWVW	<input type="checkbox"/>

18

RMLXI	<input type="checkbox"/>
QMMVI	<input type="checkbox"/>
RMMVI	<input type="checkbox"/>
QWWDS	<input type="checkbox"/>
RLLWJ	<input type="checkbox"/>

19

PIANO	<input type="checkbox"/>
NIECE	<input type="checkbox"/>
PIERS	<input type="checkbox"/>
PIECE	<input type="checkbox"/>
NIGHT	<input type="checkbox"/>

20

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

## Test 4

EXAMPLE

envelop	<input type="checkbox"/>
carton	<input type="checkbox"/>
pack	<input checked="" type="checkbox"/>
crate	<input type="checkbox"/>
store	<input type="checkbox"/>

1

fetid	<input type="checkbox"/>
wily	<input type="checkbox"/>
fraudulent	<input type="checkbox"/>
crooked	<input type="checkbox"/>
rotten	<input type="checkbox"/>

2

crush	<input type="checkbox"/>
mob	<input type="checkbox"/>
group	<input type="checkbox"/>
hoard	<input type="checkbox"/>
push	<input type="checkbox"/>

3

difficult	<input type="checkbox"/>
heavy	<input type="checkbox"/>
truthful	<input type="checkbox"/>
serious	<input type="checkbox"/>
potent	<input type="checkbox"/>

4

medicine	<input type="checkbox"/>
remedy	<input type="checkbox"/>
salve	<input type="checkbox"/>
correct	<input type="checkbox"/>
result	<input type="checkbox"/>

EXAMPLE

s	<input type="checkbox"/>
h	<input checked="" type="checkbox"/>
o	<input type="checkbox"/>
r	<input type="checkbox"/>
t	<input type="checkbox"/>

5

d	<input type="checkbox"/>
e	<input type="checkbox"/>
f	<input type="checkbox"/>
e	<input type="checkbox"/>
r	<input type="checkbox"/>

6

r	<input type="checkbox"/>
a	<input type="checkbox"/>
l	<input type="checkbox"/>
l	<input type="checkbox"/>
y	<input type="checkbox"/>

7

f	<input type="checkbox"/>
u	<input type="checkbox"/>
s	<input type="checkbox"/>
e	<input type="checkbox"/>
d	<input type="checkbox"/>

8

c	<input type="checkbox"/>
h	<input type="checkbox"/>
a	<input type="checkbox"/>
r	<input type="checkbox"/>
t	<input type="checkbox"/>

EXAMPLE

14	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>
17	<input type="checkbox"/>
19	<input type="checkbox"/>
21	<input type="checkbox"/>

9

83	<input type="checkbox"/>
87	<input type="checkbox"/>
91	<input type="checkbox"/>
97	<input type="checkbox"/>
93	<input type="checkbox"/>

10

1	<input type="checkbox"/>
3	<input type="checkbox"/>
13	<input type="checkbox"/>
26	<input type="checkbox"/>
53	<input type="checkbox"/>

11

28	<input type="checkbox"/>
30	<input type="checkbox"/>
32	<input type="checkbox"/>
33	<input type="checkbox"/>
35	<input type="checkbox"/>

12

6	<input type="checkbox"/>
8	<input type="checkbox"/>
12	<input type="checkbox"/>
16	<input type="checkbox"/>
18	<input type="checkbox"/>

EXAMPLE

sat	<input type="checkbox"/>
pat	<input type="checkbox"/>
rut	<input type="checkbox"/>
tar	<input checked="" type="checkbox"/>
car	<input type="checkbox"/>

13

idea	<input type="checkbox"/>
dear	<input type="checkbox"/>
lace	<input type="checkbox"/>
drab	<input type="checkbox"/>
bale	<input type="checkbox"/>

14

aged	<input type="checkbox"/>
gave	<input type="checkbox"/>
deep	<input type="checkbox"/>
aped	<input type="checkbox"/>
gape	<input type="checkbox"/>

15

pied	<input type="checkbox"/>
deem	<input type="checkbox"/>
pace	<input type="checkbox"/>
dice	<input type="checkbox"/>
paid	<input type="checkbox"/>

16

posh	<input type="checkbox"/>
shop	<input type="checkbox"/>
spot	<input type="checkbox"/>
push	<input type="checkbox"/>
stop	<input type="checkbox"/>

EXAMPLE

RP	<input type="checkbox"/>
NL	<input type="checkbox"/>
RT	<input checked="" type="checkbox"/>
RS	<input type="checkbox"/>
NP	<input type="checkbox"/>

17

HI	<input type="checkbox"/>
KH	<input type="checkbox"/>
KJ	<input type="checkbox"/>
JG	<input type="checkbox"/>
KI	<input type="checkbox"/>

18

QO	<input type="checkbox"/>
NR	<input type="checkbox"/>
QQ	<input type="checkbox"/>
PQ	<input type="checkbox"/>
PR	<input type="checkbox"/>

19

GQ	<input type="checkbox"/>
GP	<input type="checkbox"/>
GO	<input type="checkbox"/>
GL	<input type="checkbox"/>
JL	<input type="checkbox"/>

20

HE	<input type="checkbox"/>
FE	<input type="checkbox"/>
GE	<input type="checkbox"/>
FC	<input type="checkbox"/>
HF	<input type="checkbox"/>