

Pupil's name:

Test date:

School name:

DATE OF BIRTH		
Day	Month	Year
<input type="checkbox"/>	January	<input type="checkbox"/>
<input type="checkbox"/>	February	<input type="checkbox"/>
<input type="checkbox"/>	March	<input type="checkbox"/>
<input type="checkbox"/>	April	<input type="checkbox"/>
<input type="checkbox"/>	May	<input type="checkbox"/>
<input type="checkbox"/>	June	<input type="checkbox"/>
<input type="checkbox"/>	July	<input type="checkbox"/>
<input type="checkbox"/>	August	<input type="checkbox"/>
<input type="checkbox"/>	September	<input type="checkbox"/>
<input type="checkbox"/>	October	<input type="checkbox"/>
<input type="checkbox"/>	November	<input type="checkbox"/>
<input type="checkbox"/>	December	<input type="checkbox"/>

PUPIL NUMBER						SCHOOL NUMBER					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark like this:

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

EXAMPLE

more

large

little

less

13

dark

dawn

night

sunset

14

light

huge

dense

tiny

15

child

male

girl

old

16

secret

conclusion

origin

late

17

month

cold

harvest

winter

18

when

always

occasionally

often

19

demolish

apart

restore

construct

20

danger

tough

guarded

risky

In questions 21-28, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

EXAMPLE

r	?	g	?	t
i	<input checked="" type="checkbox"/>	a	<input type="checkbox"/>	
o	<input type="checkbox"/>	h	<input checked="" type="checkbox"/>	
e	<input type="checkbox"/>	e	<input type="checkbox"/>	

21

s	?	a	r	?
m	<input type="checkbox"/>		t	<input type="checkbox"/>
c	<input type="checkbox"/>		y	<input type="checkbox"/>
h	<input type="checkbox"/>		p	<input type="checkbox"/>

22

h	?	?	t	?
e	<input type="checkbox"/>	s	<input type="checkbox"/>	e
a	<input type="checkbox"/>	c	<input type="checkbox"/>	y
i	<input type="checkbox"/>	t	<input type="checkbox"/>	i

23

s	?	e	?	d	?	r
w	<input type="checkbox"/>	n	<input type="checkbox"/>	o	<input type="checkbox"/>	
n	<input type="checkbox"/>	m	<input type="checkbox"/>	a	<input type="checkbox"/>	
l	<input type="checkbox"/>	d	<input type="checkbox"/>	e	<input type="checkbox"/>	

24

s	?	?	?	p	y
n	<input type="checkbox"/>	e	<input type="checkbox"/>	a	<input type="checkbox"/>
h	<input type="checkbox"/>	i	<input type="checkbox"/>	e	<input type="checkbox"/>
l	<input type="checkbox"/>	y	<input type="checkbox"/>	p	<input type="checkbox"/>

25

d	e	?	a	?	e	d
	n	<input type="checkbox"/>		l	<input type="checkbox"/>	
	r	<input type="checkbox"/>		y	<input type="checkbox"/>	
	l	<input type="checkbox"/>		n	<input type="checkbox"/>	

26

c	e	?	?	?	e
	s	<input type="checkbox"/>	d	<input type="checkbox"/>	r
	r	<input type="checkbox"/>	t	<input type="checkbox"/>	i
	n	<input type="checkbox"/>	n	<input type="checkbox"/>	t

27

b	?	?	i	?	y
	l	<input type="checkbox"/>	e	<input type="checkbox"/>	n
	r	<input type="checkbox"/>	a	<input type="checkbox"/>	d
	a	<input type="checkbox"/>	n	<input type="checkbox"/>	r

28

i	n	?	?	?	e
	j	<input type="checkbox"/>	e	<input type="checkbox"/>	d
	n	<input type="checkbox"/>	o	<input type="checkbox"/>	r
	d	<input type="checkbox"/>	u	<input type="checkbox"/>	n

In questions 29-44, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

29 s c ? ? ? l

k	<input type="checkbox"/>	o	<input type="checkbox"/>	l	<input type="checkbox"/>
h	<input type="checkbox"/>	a	<input type="checkbox"/>	u	<input type="checkbox"/>
o	<input type="checkbox"/>	u	<input type="checkbox"/>	o	<input type="checkbox"/>

30 s ? ? ? e d

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

31 c ? a ? g e ?

r	<input type="checkbox"/>	n	<input type="checkbox"/>	r	<input type="checkbox"/>
l	<input type="checkbox"/>	r	<input type="checkbox"/>	s	<input type="checkbox"/>
h	<input type="checkbox"/>	g	<input type="checkbox"/>	d	<input type="checkbox"/>

32 u ? ? ? e

m	<input type="checkbox"/>	k	<input type="checkbox"/>	l	<input type="checkbox"/>
r	<input type="checkbox"/>	q	<input type="checkbox"/>	k	<input type="checkbox"/>
n	<input type="checkbox"/>	c	<input type="checkbox"/>	n	<input type="checkbox"/>

33 h ? ? e

e	<input type="checkbox"/>	r	<input type="checkbox"/>
i	<input type="checkbox"/>	m	<input type="checkbox"/>
o	<input type="checkbox"/>	d	<input type="checkbox"/>

34 f ? ? ? d

e	<input type="checkbox"/>	i	<input type="checkbox"/>	n	<input type="checkbox"/>
i	<input type="checkbox"/>	y	<input type="checkbox"/>	i	<input type="checkbox"/>
o	<input type="checkbox"/>	e	<input type="checkbox"/>	l	<input type="checkbox"/>

35 c ? ? ? e t e

a	<input type="checkbox"/>	n	<input type="checkbox"/>	t	<input type="checkbox"/>
e	<input type="checkbox"/>	m	<input type="checkbox"/>	p	<input type="checkbox"/>
o	<input type="checkbox"/>	t	<input type="checkbox"/>	l	<input type="checkbox"/>

36 s u d ? ? ? ? y

e	<input type="checkbox"/>	n	<input type="checkbox"/>	l	<input type="checkbox"/>	e	<input type="checkbox"/>
d	<input type="checkbox"/>	u	<input type="checkbox"/>	t	<input type="checkbox"/>	l	<input type="checkbox"/>
u	<input type="checkbox"/>	e	<input type="checkbox"/>	n	<input type="checkbox"/>	r	<input type="checkbox"/>

37 ? ? m e

l	<input type="checkbox"/>	i	<input type="checkbox"/>
t	<input type="checkbox"/>	o	<input type="checkbox"/>
h	<input type="checkbox"/>	a	<input type="checkbox"/>

38 c o ? ? e ?

s	<input type="checkbox"/>	t	<input type="checkbox"/>	r	<input type="checkbox"/>
n	<input type="checkbox"/>	n	<input type="checkbox"/>	n	<input type="checkbox"/>
r	<input type="checkbox"/>	e	<input type="checkbox"/>	s	<input type="checkbox"/>

39 s ? ? a ? g e

a	<input type="checkbox"/>	r	<input type="checkbox"/>	d	<input type="checkbox"/>
t	<input type="checkbox"/>	v	<input type="checkbox"/>	r	<input type="checkbox"/>
l	<input type="checkbox"/>	g	<input type="checkbox"/>	n	<input type="checkbox"/>

40 l a r ? ?

j	<input type="checkbox"/>	g	<input type="checkbox"/>
d	<input type="checkbox"/>	e	<input type="checkbox"/>
g	<input type="checkbox"/>	j	<input type="checkbox"/>

41 ? p e ?

u	<input type="checkbox"/>	d	<input type="checkbox"/>
a	<input type="checkbox"/>	m	<input type="checkbox"/>
o	<input type="checkbox"/>	n	<input type="checkbox"/>

42 ? o o ? ? d

l	<input type="checkbox"/>	n	<input type="checkbox"/>	k	<input type="checkbox"/>
b	<input type="checkbox"/>	k	<input type="checkbox"/>	e	<input type="checkbox"/>
c	<input type="checkbox"/>	c	<input type="checkbox"/>	u	<input type="checkbox"/>

43 w r ? ? ? e d

u	<input type="checkbox"/>	t	<input type="checkbox"/>	p	<input type="checkbox"/>
e	<input type="checkbox"/>	p	<input type="checkbox"/>	r	<input type="checkbox"/>
a	<input type="checkbox"/>	n	<input type="checkbox"/>	t	<input type="checkbox"/>

44 c o ? ? ? g

n	<input type="checkbox"/>	e	<input type="checkbox"/>	n	<input type="checkbox"/>
m	<input type="checkbox"/>	u	<input type="checkbox"/>	r	<input type="checkbox"/>
v	<input type="checkbox"/>	i	<input type="checkbox"/>	e	<input type="checkbox"/>

EXAMPLE

pen	<input type="checkbox"/>
pencil	<input type="checkbox"/>
card	<input checked="" type="checkbox"/>
crayon	<input type="checkbox"/>

45

big	<input type="checkbox"/>
huge	<input type="checkbox"/>
mini	<input type="checkbox"/>
gigantic	<input type="checkbox"/>

46

cat	<input type="checkbox"/>
dog	<input type="checkbox"/>
hamster	<input type="checkbox"/>
badger	<input type="checkbox"/>

47

nose	<input type="checkbox"/>
finger	<input type="checkbox"/>
eye	<input type="checkbox"/>
mouth	<input type="checkbox"/>

48

earring	<input type="checkbox"/>
scarf	<input type="checkbox"/>
necklace	<input type="checkbox"/>
bracelet	<input type="checkbox"/>

49

apple	<input type="checkbox"/>
carrot	<input type="checkbox"/>
cabbage	<input type="checkbox"/>
cauliflower	<input type="checkbox"/>

50

work	<input type="checkbox"/>
sing	<input type="checkbox"/>
shout	<input type="checkbox"/>
chat	<input type="checkbox"/>

EXAMPLE

wonderful	<input checked="" type="checkbox"/>
awful	<input type="checkbox"/>
acceptable	<input type="checkbox"/>
expected	<input type="checkbox"/>

51

lonely	<input type="checkbox"/>
pathetic	<input type="checkbox"/>
solo	<input type="checkbox"/>
unhappy	<input type="checkbox"/>

52

cold	<input type="checkbox"/>
arid	<input type="checkbox"/>
sticky	<input type="checkbox"/>
damp	<input type="checkbox"/>

53

minuscule	<input type="checkbox"/>
microscope	<input type="checkbox"/>
less	<input type="checkbox"/>
subordinate	<input type="checkbox"/>

54

morose	<input type="checkbox"/>
calm	<input type="checkbox"/>
joyous	<input type="checkbox"/>
virtuous	<input type="checkbox"/>

55

walk	<input type="checkbox"/>
sprint	<input type="checkbox"/>
pace	<input type="checkbox"/>
bounce	<input type="checkbox"/>

56

paint	<input type="checkbox"/>
sketch	<input type="checkbox"/>
book	<input type="checkbox"/>
scribble	<input type="checkbox"/>

Pupil's name:

Test date:

School name:

DATE OF BIRTH			
Day	Month	Year	
<input type="text"/>	<input type="text"/>	January	<input type="text"/>
<input type="text"/>	<input type="text"/>	February	<input type="text"/>
<input type="text"/>	<input type="text"/>	March	<input type="text"/>
<input type="text"/>	<input type="text"/>	April	<input type="text"/>
<input type="text"/>	<input type="text"/>	May	<input type="text"/>
<input type="text"/>	<input type="text"/>	June	<input type="text"/>
<input type="text"/>	<input type="text"/>	July	<input type="text"/>
<input type="text"/>	<input type="text"/>	August	<input type="text"/>
<input type="text"/>	<input type="text"/>	September	<input type="text"/>
<input type="text"/>	<input type="text"/>	October	<input type="text"/>
<input type="text"/>	<input type="text"/>	November	<input type="text"/>
<input type="text"/>	<input type="text"/>	December	<input type="text"/>

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

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

Please mark like this:

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

EXAMPLE

wonderful

awful

acceptable

expected

13

wave

cliff

shore

holiday

14

ring

rock

gold

jewel

15

suit

jacket

scarf

cape

16

smirk

glower

frown

laugh

17

tempest

frost

blow

rain

18

photograph

act

imitate

tease

19

prank

laugh

humour

game

20

strong

poise

unripe

prepared

21

robust

feeble

debilitate

small

22

less

rise

submerge

reduce

EXAMPLE

more

large

little

less

23

away

front

beyond

near

24

wait

try

cease

here

25

frown

happy

sadness

giggle

26

slim

plump

young

gangling

27

teach

listen

read

write

28

seem

present

vanish

dissolve

29

flimsy

virus

sane

diseased

30

breezy

stale

stench

original

31

grief

mourn

sad

goodness

32

sleep

stretch

fall

stand

33

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

34

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

35

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

36

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

37

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

38

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

39

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

40

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

41

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

42

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

43

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

44

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

EXAMPLE

dog	<input type="checkbox"/>	likes	<input type="checkbox"/>
my	<input type="checkbox"/>		
long	<input type="checkbox"/>		
mud	<input checked="" type="checkbox"/>		
walks	<input type="checkbox"/>		

45

escaped	<input type="checkbox"/>	have	<input type="checkbox"/>
all	<input type="checkbox"/>		
the	<input type="checkbox"/>		
egg	<input type="checkbox"/>		
chickens	<input type="checkbox"/>		

46

hard	<input type="checkbox"/>	is	<input type="checkbox"/>
camping	<input type="checkbox"/>	very	<input type="checkbox"/>
mountains	<input type="checkbox"/>		
work	<input type="checkbox"/>		
climbing	<input type="checkbox"/>		

47

we	<input type="checkbox"/>	last	<input type="checkbox"/>
birthday	<input type="checkbox"/>	year	<input type="checkbox"/>
to	<input type="checkbox"/>	restaurant	<input type="checkbox"/>
that	<input type="checkbox"/>		
went	<input type="checkbox"/>		

48

today	<input type="checkbox"/>	the	<input type="checkbox"/>
Kell	<input type="checkbox"/>	competing	<input type="checkbox"/>
is	<input type="checkbox"/>	marathon	<input type="checkbox"/>
win	<input type="checkbox"/>		
in	<input type="checkbox"/>		

49

I	<input type="checkbox"/>	my	<input type="checkbox"/>
too	<input type="checkbox"/>	was	<input type="checkbox"/>
so	<input type="checkbox"/>	bedroom	<input type="checkbox"/>
tired	<input type="checkbox"/>	clean	<input type="checkbox"/>
to	<input type="checkbox"/>		

50

rug	<input type="checkbox"/>	built	<input type="checkbox"/>
a	<input type="checkbox"/>	out	<input type="checkbox"/>
fort	<input type="checkbox"/>	Sasha	<input type="checkbox"/>
of	<input type="checkbox"/>		
pillows	<input type="checkbox"/>		

In questions 51-56, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

EXAMPLE

l	i	?	?	t
s	<input checked="" type="checkbox"/>	h	<input checked="" type="checkbox"/>	
g	<input checked="" type="checkbox"/>	e	<input type="checkbox"/>	
c	<input type="checkbox"/>	t	<input type="checkbox"/>	

51

t	?	?	e	t	?	?	r
e	<input type="checkbox"/>	d	<input type="checkbox"/>	h	<input type="checkbox"/>	e	<input type="checkbox"/>
u	<input type="checkbox"/>	g	<input type="checkbox"/>	r	<input type="checkbox"/>	o	<input type="checkbox"/>
o	<input type="checkbox"/>	j	<input type="checkbox"/>	l	<input type="checkbox"/>	a	<input type="checkbox"/>

52

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

53

d	?	?	?	?	t	e	r
o	<input type="checkbox"/>	r	<input type="checkbox"/>	h	<input type="checkbox"/>	t	<input type="checkbox"/>
u	<input type="checkbox"/>	a	<input type="checkbox"/>	g	<input type="checkbox"/>	h	<input type="checkbox"/>
a	<input type="checkbox"/>	u	<input type="checkbox"/>	w	<input type="checkbox"/>	g	<input type="checkbox"/>

54

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

55

c	?	?	?	l	
h	<input type="checkbox"/>	e	<input type="checkbox"/>	l	<input type="checkbox"/>
r	<input type="checkbox"/>	u	<input type="checkbox"/>	e	<input type="checkbox"/>
l	<input type="checkbox"/>	i	<input type="checkbox"/>	u	<input type="checkbox"/>

56

?	?	?	?	e	y		
b	<input type="checkbox"/>	e	<input type="checkbox"/>	l	<input type="checkbox"/>	e	<input type="checkbox"/>
v	<input type="checkbox"/>	a	<input type="checkbox"/>	r	<input type="checkbox"/>	l	<input type="checkbox"/>
d	<input type="checkbox"/>	u	<input type="checkbox"/>	d	<input type="checkbox"/>	r	<input type="checkbox"/>

Pupil's name:

Test date:

School name:

DATE OF BIRTH			
Day	Month	Year	
<input type="checkbox"/>	January	<input type="checkbox"/>	2001
<input type="checkbox"/>	February	<input type="checkbox"/>	2002
<input type="checkbox"/>	March	<input type="checkbox"/>	2003
<input type="checkbox"/>	April	<input type="checkbox"/>	2004
<input type="checkbox"/>	May	<input type="checkbox"/>	2005
<input type="checkbox"/>	June	<input type="checkbox"/>	2006
<input type="checkbox"/>	July	<input type="checkbox"/>	2007
<input type="checkbox"/>	August	<input type="checkbox"/>	2008
<input type="checkbox"/>	September	<input type="checkbox"/>	2009
<input type="checkbox"/>	October	<input type="checkbox"/>	2010
<input type="checkbox"/>	November	<input type="checkbox"/>	2011
<input type="checkbox"/>	December	<input type="checkbox"/>	2012

PUPIL NUMBER					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please mark like this:

TEST 3

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

EXAMPLE

more

large

little

less

13

tired

sleeping

conscious

numb

14

prickly

round

curve

blunt

15

stairs

floor

cellar

loft

16

into

leave

enter

go

17

exterior

away

central

airy

18

fail

drain

vanish

lose

19

tolerant

acceptable

saintly

proper

20

gorge

satisfied

fat

consumed

21

grief

problem

fallacy

failure

22

endless

finite

many

narrow

In questions 23-28, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

EXAMPLE

<input type="checkbox"/>	l	<input type="checkbox"/>	i	<input type="checkbox"/>	?	<input type="checkbox"/>	?	<input type="checkbox"/>	t
<input type="checkbox"/>	s	<input type="checkbox"/>	h	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	g	<input checked="" type="checkbox"/>	e	<input type="checkbox"/>					
<input type="checkbox"/>	c	<input type="checkbox"/>	t	<input type="checkbox"/>					

23

<input type="checkbox"/>	m	<input type="checkbox"/>	?	<input type="checkbox"/>	n	<input type="checkbox"/>	?	<input type="checkbox"/>	g
<input type="checkbox"/>	a	<input type="checkbox"/>	u	<input type="checkbox"/>	n	<input type="checkbox"/>	r	<input type="checkbox"/>	
<input type="checkbox"/>	u	<input type="checkbox"/>	r	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	
<input type="checkbox"/>	o	<input type="checkbox"/>	h	<input type="checkbox"/>	i	<input type="checkbox"/>	n	<input type="checkbox"/>	

24

<input type="checkbox"/>	?	<input type="checkbox"/>	?	e	<input type="checkbox"/>	?
<input type="checkbox"/>	e	<input type="checkbox"/>	s	<input type="checkbox"/>	r	<input type="checkbox"/>
<input type="checkbox"/>	i	<input type="checkbox"/>	v	<input type="checkbox"/>	n	<input type="checkbox"/>
<input type="checkbox"/>	a	<input type="checkbox"/>	d	<input type="checkbox"/>	s	<input type="checkbox"/>

25

<input type="checkbox"/>	b	<input type="checkbox"/>	?	<input type="checkbox"/>	?	<input type="checkbox"/>	s
<input type="checkbox"/>	o	<input type="checkbox"/>	n	<input type="checkbox"/>	s	<input type="checkbox"/>	
<input type="checkbox"/>	r	<input type="checkbox"/>	e	<input type="checkbox"/>	c	<input type="checkbox"/>	
<input type="checkbox"/>	l	<input type="checkbox"/>	a	<input type="checkbox"/>	u	<input type="checkbox"/>	

26

<input type="checkbox"/>	s	<input type="checkbox"/>	?	n	s	<input type="checkbox"/>	?	<input type="checkbox"/>	?	e
<input type="checkbox"/>	a	<input type="checkbox"/>			e	<input type="checkbox"/>	d	<input type="checkbox"/>	l	<input type="checkbox"/>
<input type="checkbox"/>	o	<input type="checkbox"/>			a	<input type="checkbox"/>	b	<input type="checkbox"/>	r	<input type="checkbox"/>
<input type="checkbox"/>	e	<input type="checkbox"/>			i	<input type="checkbox"/>	n	<input type="checkbox"/>	s	<input type="checkbox"/>

27

<input type="checkbox"/>	d	<input type="checkbox"/>	?	<input type="checkbox"/>	y
<input type="checkbox"/>	i	<input type="checkbox"/>	l	<input type="checkbox"/>	
<input type="checkbox"/>	u	<input type="checkbox"/>	t	<input type="checkbox"/>	
<input type="checkbox"/>	e	<input type="checkbox"/>	n	<input type="checkbox"/>	

28

<input type="checkbox"/>	?	<input type="checkbox"/>	?	m	<input type="checkbox"/>	?
<input type="checkbox"/>	g	<input type="checkbox"/>	u	<input type="checkbox"/>	m	<input type="checkbox"/>
<input type="checkbox"/>	c	<input type="checkbox"/>	a	<input type="checkbox"/>	e	<input type="checkbox"/>
<input type="checkbox"/>	k	<input type="checkbox"/>	o	<input type="checkbox"/>	s	<input type="checkbox"/>

In questions 29-40, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

29 w ? ? ?
e r d
a u c
o l k

30 l e ? ? ? r e
k t u
t c o
c h e

31 b ? ? ? n
l a w
r o u
e u e

32 h ? ? g ? t
i h e
y e h
e i a

33 ? o ? n ?
d e e
s y g
g i d

34 g r ? ? ? e d
o w m
a o r
u a n

35 ? h ? r ?
t a e
s e s
w i d

36 ? p ? o s ? t e
s o e
o r a
u p i

37 ? t ? ? r
a h a
o r o
e e e

38 ? a i ? t ? r
q s e
f m o
d n a

39 ? a r ?
d d
c n
f e

40 ? o d ? ?
r e y
n a e
t d o

EXAMPLE
summer
cost
fine

41 adapt
fee
change

42 rap
music
throw

43 expel
bring
fire

44 watch
time
view

45 box
vault
bound

46 down
fuzz
beneath

EXAMPLE
wonderful
awful
acceptable
expected

47 interested
informed
look
customary

48 boring
yawn
drowsy
asleep

49 plate
jug
fork
goblet

50 bizarre
drag
tedious
usual

51 struggle
task
sweat
lazy

52 thought
remember
concern
horror

53 rotten
feeble
cold
ailing

54 huge
towering
stunted
steep

55 possess
mine
maintain
control

56 youth
child
infant
boy

Pupil's name:

Test date:

School name:

DATE OF BIRTH		
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
[0]	January	<input type="text"/>
[1]	February	<input type="text"/>
[2]	March	<input type="text"/>
[3]	April	<input type="text"/>
[4]	May	<input type="text"/>
[5]	June	<input type="text"/>
[6]	July	<input type="text"/>
[7]	August	<input type="text"/>
[8]	September	<input type="text"/>
[9]	October	<input type="text"/>
	November	<input type="text"/>
	December	<input type="text"/>

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 like this:

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"/>						

EXAMPLE pen <input type="checkbox"/> pencil <input type="checkbox"/> card <input checked="" type="checkbox"/> crayon <input type="checkbox"/>	13 kitchen <input type="checkbox"/> garage <input type="checkbox"/> bedroom <input type="checkbox"/> study <input type="checkbox"/>	14 cup <input type="checkbox"/> mug <input type="checkbox"/> plate <input type="checkbox"/> beaker <input type="checkbox"/>	15 lamb <input type="checkbox"/> fawn <input type="checkbox"/> sow <input type="checkbox"/> foal <input type="checkbox"/>	16 hail <input type="checkbox"/> cloud <input type="checkbox"/> rain <input type="checkbox"/> snow <input type="checkbox"/>	17 baby <input type="checkbox"/> boy <input type="checkbox"/> lady <input type="checkbox"/> child <input type="checkbox"/>	18 grimace <input type="checkbox"/> peer <input type="checkbox"/> scowl <input type="checkbox"/> frown <input type="checkbox"/>
--	--	--	--	--	---	--

In questions 19-26, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

EXAMPLE r ? g ? t i <input checked="" type="checkbox"/> a <input type="checkbox"/> o <input type="checkbox"/> h <input checked="" type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/>	19 ? e ? ? n s <input type="checkbox"/> n <input type="checkbox"/> e <input type="checkbox"/> m <input type="checkbox"/> d <input type="checkbox"/> i <input type="checkbox"/> b <input type="checkbox"/> g <input type="checkbox"/> u <input type="checkbox"/>	20 ? b s ? ? t a <input type="checkbox"/> e <input type="checkbox"/> r <input type="checkbox"/> e <input type="checkbox"/> u <input type="checkbox"/> l <input type="checkbox"/> u <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/>
21 d ? c ? ? ? e i <input type="checkbox"/> l <input type="checkbox"/> r <input type="checkbox"/> m <input type="checkbox"/> a <input type="checkbox"/> k <input type="checkbox"/> e <input type="checkbox"/> n <input type="checkbox"/> e <input type="checkbox"/> r <input type="checkbox"/> i <input type="checkbox"/> s <input type="checkbox"/>	22 s t ? ? ? y r <input type="checkbox"/> n <input type="checkbox"/> g <input type="checkbox"/> e <input type="checkbox"/> i <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> g <input type="checkbox"/> n <input type="checkbox"/>	23 j ? ? ? a <input type="checkbox"/> r <input type="checkbox"/> e <input type="checkbox"/> o <input type="checkbox"/> s <input type="checkbox"/> t <input type="checkbox"/> u <input type="checkbox"/> t <input type="checkbox"/> y <input type="checkbox"/>
24 ? e a ? m <input type="checkbox"/> n <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/> c <input type="checkbox"/> t <input type="checkbox"/>	25 ? i ? u ? ? t <input type="checkbox"/> n <input type="checkbox"/> e <input type="checkbox"/> l <input type="checkbox"/> v <input type="checkbox"/> t <input type="checkbox"/> y <input type="checkbox"/> m <input type="checkbox"/> d <input type="checkbox"/> l <input type="checkbox"/> n <input type="checkbox"/>	26 o ? v ? ? ? s d <input type="checkbox"/> i <input type="checkbox"/> o <input type="checkbox"/> u <input type="checkbox"/> b <input type="checkbox"/> e <input type="checkbox"/> u <input type="checkbox"/> o <input type="checkbox"/> v <input type="checkbox"/> y <input type="checkbox"/> i <input type="checkbox"/> e <input type="checkbox"/>

27
A
B
C

28
A
B
C

29
A
B
C

30
A
B
C

31
A
B
C

32
A
B
C

33
A
B
C

34
A
B
C

35
A
B
C

36
A
B
C

37
A
B
C

38
A
B
C

39
A
B
C

40
A
B
C

41
A
B
C

42
A
B
C

EXAMPLE
more
large
little
less

43
trophy
medal
second
triumph

44
beside
inside
down
beneath

45
offer
borrow
deliver
bring

46
pensive
popular
generous
tedious

47
museum
antique
relic
remains

48
obtain
require
gain
retrieve

EXAMPLE
wonderful
awful
acceptable
expected

49
melt
burn
chef
servant

50
idle
relax
silence
comfort

51
stench
increase
rotten
rubbish

52
kick
hurt
trunk
bin

53
friend
associate
kin
familiar

54
gown
cloak
skirt
wardrobe

55
scrumptious
pungent
wholesome
insipid

56
ambivalent
detest
averse
revolt

Pupil's name:

Test date:

School name:

DATE OF BIRTH		
Day	Month	Year
<input type="checkbox"/>	January	<input type="checkbox"/>
<input type="checkbox"/>	February	<input type="checkbox"/>
<input type="checkbox"/>	March	<input type="checkbox"/>
<input type="checkbox"/>	April	<input type="checkbox"/>
<input type="checkbox"/>	May	<input type="checkbox"/>
<input type="checkbox"/>	June	<input type="checkbox"/>
<input type="checkbox"/>	July	<input type="checkbox"/>
<input type="checkbox"/>	August	<input type="checkbox"/>
<input type="checkbox"/>	September	<input type="checkbox"/>
<input type="checkbox"/>	October	<input type="checkbox"/>
<input type="checkbox"/>	November	<input type="checkbox"/>
<input type="checkbox"/>	December	<input type="checkbox"/>

PUPIL NUMBER					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please mark like this:

TEST 5

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

EXAMPLE

more

large

little

less

9

headmaster

student

mentor

amateur

10

fault

proper

left

imprecise

11

lengthy

stretch

distant

soon

12

recent

experienced

develop

ancient

13

sullen

stubborn

annoying

tired

14

posh

reasonable

overpriced

exquisite

15

freedom

deliver

condemn

imprison

16

dark

opaque

foggy

clear

17

rigid

pliable

bend

shatter

18

tolerant

willing

greedy

doctor

In questions 19-28, each word has two or more missing letters. Mark the box next to each letter that needs to be added to complete the word.

EXAMPLE

l	i	?	?	t
s	h	<input checked="" type="checkbox"/>		
g	e	<input type="checkbox"/>		
c	t	<input type="checkbox"/>		

19

t	?	?	c	?
e	a		k	
r	i		s	
h	e		h	

20

?	i	?	h	?
l		g		y
t		t		s
b		c		t

21

?	e	?	c	?
c		a		s
p		i		e
l		e		h

22

?	s	e	l	?	?	s
o			e		e	
u			l		s	
i			u		a	

23

?	e	?	o	?
l		h		w
r		l		e
b		s		t

24

c	?	?	?	l
i	u	a		
e	v	e		
r	t	i		

25

?	?	p	e	r	i	?	r
s	i				o		
h	e				e		
r	u				a		

26

c	?	?	?	k	?	e
h	o	r		i		
l	u	c		l		
r	i	n		y		

27 ? ? r i ? ?
 t h m k
 s t n t
 c e c p

28 l ? ? ? y
 o f r
 e s k
 u c t

29
 A
 B
 C
 D

30
 A
 B
 C
 D

31
 A
 B
 C
 D

32
 A
 B
 C
 D

In questions 33-44, each word has two or more missing letters.
 Mark the box next to each letter that needs to be added to complete the word.

33 q ? ? e t
 u e
 i i
 w a

34 t i ? ? ? e d
 n g r
 g k c
 c h l

35 ? ? ? e n t
 m i v
 t o n
 e v m

36 ? ? ? r l e t
 t c e
 s t o
 v i a

37 ? ? l ?
 h e t
 t o d
 f a p

38 ? f ? e ?
 o f n
 a i d
 e t r

39 ? ? ? o
 i b s
 o n t
 a l r

40 b ? ? z ? ? g
 u r e a
 l i z n
 r a i o

41 ? o r ? ? d o ?
 k r i n
 c i e r
 t a a l

42 ? e d ? ? o ?
 m r e n
 b i o d
 t o a m

43 ? ? n d ? ?
 p i e w
 s y o s
 w e l e

44 ? a i ? ? n ?
 m t o k
 w n i g
 r l a e

EXAMPLE
 wonderful
 awful
 acceptable
 expected

45
 relieve
 expire
 motivate
 attend

46
 cost
 forget
 tedium
 debris

47
 poverty
 sated
 abundance
 generous

48
 repeat
 react
 agree
 reply

49
 search
 find
 pursue
 hasten

50
 wave
 omen
 proof
 hinted

51
 veer
 launch
 trudge
 leap

52
 decision
 preference
 wish
 select

53
 allocate
 accord
 segment
 provide

54
 gloomy
 active
 ache
 heavy

55
 inquire
 command
 advise
 ask

56
 held
 release
 relieve
 preserve

Pupil's name: _____

Test date: _____

School name: _____

DATE OF BIRTH		
Day	Month	Year
[0]	January	2001
[1]	February	2002
[2]	March	2003
[3]	April	2004
[4]	May	2005
[5]	June	2006
[6]	July	2007
[7]	August	2008
[8]	September	2009
[9]	October	2010
	November	2011
	December	2012

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 like this:

TEST 6

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

am	<input type="checkbox"/>	play	<input type="checkbox"/>
in	<input type="checkbox"/>	snowflakes	<input type="checkbox"/>
outside	<input type="checkbox"/>	going	<input type="checkbox"/>
to	<input type="checkbox"/>	the	<input type="checkbox"/>
I	<input type="checkbox"/>	snow	<input type="checkbox"/>

14

mittens	<input type="checkbox"/>	and	<input type="checkbox"/>
is	<input type="checkbox"/>	favourite	<input type="checkbox"/>
fluffy	<input type="checkbox"/>	my	<input type="checkbox"/>
hat	<input type="checkbox"/>		
purple	<input type="checkbox"/>		

15

home	<input type="checkbox"/>	very	<input type="checkbox"/>
lost	<input type="checkbox"/>	his	<input type="checkbox"/>
track	<input type="checkbox"/>	late	<input type="checkbox"/>
way	<input type="checkbox"/>	Harry	<input type="checkbox"/>
got	<input type="checkbox"/>	and	<input type="checkbox"/>

16

the	<input type="checkbox"/>	of	<input type="checkbox"/>
nest	<input type="checkbox"/>	and	<input type="checkbox"/>
built	<input type="checkbox"/>	moss	<input type="checkbox"/>
a	<input type="checkbox"/>	birds	<input type="checkbox"/>
out	<input type="checkbox"/>	twigs	<input type="checkbox"/>
eggs	<input type="checkbox"/>		

17

present	<input type="checkbox"/>	a	<input type="checkbox"/>
town	<input type="checkbox"/>	birthday	<input type="checkbox"/>
Alisha	<input type="checkbox"/>	going	<input type="checkbox"/>
is	<input type="checkbox"/>	into	<input type="checkbox"/>
to	<input type="checkbox"/>	brother	<input type="checkbox"/>
buy	<input type="checkbox"/>		

18

but	<input type="checkbox"/>	all	<input type="checkbox"/>
nothing	<input type="checkbox"/>	day	<input type="checkbox"/>
have	<input type="checkbox"/>	sit	<input type="checkbox"/>
play	<input type="checkbox"/>	done	<input type="checkbox"/>
games	<input type="checkbox"/>	you	<input type="checkbox"/>
computer	<input type="checkbox"/>		

EXAMPLE

summer	<input type="checkbox"/>		
cost	<input type="checkbox"/>		
fine	<input checked="" type="checkbox"/>		

19

tour	<input type="checkbox"/>
plunge	<input type="checkbox"/>
trip	<input type="checkbox"/>

20

lovely	<input type="checkbox"/>
honest	<input type="checkbox"/>
fair	<input type="checkbox"/>

21

small	<input type="checkbox"/>
clock	<input type="checkbox"/>
minute	<input type="checkbox"/>

22

fast	<input type="checkbox"/>
hasty	<input type="checkbox"/>
slim	<input type="checkbox"/>

23

free	<input type="checkbox"/>
hollow	<input type="checkbox"/>
cavern	<input type="checkbox"/>

24

mould	<input type="checkbox"/>
whittle	<input type="checkbox"/>
spoil	<input type="checkbox"/>

25

metal	<input type="checkbox"/>
lead	<input type="checkbox"/>
guide	<input type="checkbox"/>

26

desert	<input type="checkbox"/>
forsake	<input type="checkbox"/>
arid	<input type="checkbox"/>

27

bath	<input type="checkbox"/>
plunge	<input type="checkbox"/>
sink	<input type="checkbox"/>

28

scent	<input type="checkbox"/>
infuriate	<input type="checkbox"/>
incense	<input type="checkbox"/>

In questions 29-40, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

29 t h ? ? l l ? ?

i	<input type="checkbox"/>	r	<input type="checkbox"/>	e	<input type="checkbox"/>	n	<input type="checkbox"/>
a	<input type="checkbox"/>	i	<input type="checkbox"/>	a	<input type="checkbox"/>	d	<input type="checkbox"/>
r	<input type="checkbox"/>	e	<input type="checkbox"/>	i	<input type="checkbox"/>	s	<input type="checkbox"/>

30 ? ? ? l e

h	<input type="checkbox"/>	o	<input type="checkbox"/>	w	<input type="checkbox"/>
w	<input type="checkbox"/>	i	<input type="checkbox"/>	o	<input type="checkbox"/>
s	<input type="checkbox"/>	h	<input type="checkbox"/>	a	<input type="checkbox"/>

31 w ? ? l ?

o	<input type="checkbox"/>	u	<input type="checkbox"/>	t	<input type="checkbox"/>
u	<input type="checkbox"/>	i	<input type="checkbox"/>	d	<input type="checkbox"/>
h	<input type="checkbox"/>	o	<input type="checkbox"/>	e	<input type="checkbox"/>

32 b ? ? ? ? d

u	<input type="checkbox"/>	i	<input type="checkbox"/>	r	<input type="checkbox"/>	l	<input type="checkbox"/>
e	<input type="checkbox"/>	r	<input type="checkbox"/>	y	<input type="checkbox"/>	i	<input type="checkbox"/>
a	<input type="checkbox"/>	o	<input type="checkbox"/>	i	<input type="checkbox"/>	e	<input type="checkbox"/>

33 ? a w ?

m	<input type="checkbox"/>	s	<input type="checkbox"/>
d	<input type="checkbox"/>	d	<input type="checkbox"/>
l	<input type="checkbox"/>	n	<input type="checkbox"/>

34 ? n ? i ?

o	<input type="checkbox"/>	t	<input type="checkbox"/>	t	<input type="checkbox"/>
u	<input type="checkbox"/>	l	<input type="checkbox"/>	l	<input type="checkbox"/>
i	<input type="checkbox"/>	e	<input type="checkbox"/>	r	<input type="checkbox"/>

35 ? ? f ? l

o	<input type="checkbox"/>	a	<input type="checkbox"/>	o	<input type="checkbox"/>
a	<input type="checkbox"/>	r	<input type="checkbox"/>	a	<input type="checkbox"/>
r	<input type="checkbox"/>	w	<input type="checkbox"/>	u	<input type="checkbox"/>

36 b a ? ? e r ?

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

37 ? a ?

w	<input type="checkbox"/>	t	<input type="checkbox"/>
e	<input type="checkbox"/>	r	<input type="checkbox"/>
b	<input type="checkbox"/>	n	<input type="checkbox"/>

38 ? ? m ?

c	<input type="checkbox"/>	o	<input type="checkbox"/>	a	<input type="checkbox"/>
h	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>
r	<input type="checkbox"/>	a	<input type="checkbox"/>	s	<input type="checkbox"/>

39 ? ? ? k

s	<input type="checkbox"/>	i	<input type="checkbox"/>	c	<input type="checkbox"/>
b	<input type="checkbox"/>	o	<input type="checkbox"/>	a	<input type="checkbox"/>
w	<input type="checkbox"/>	a	<input type="checkbox"/>	r	<input type="checkbox"/>

40 n ? ? ? e ?

a	<input type="checkbox"/>	e	<input type="checkbox"/>	d	<input type="checkbox"/>	r	<input type="checkbox"/>
i	<input type="checkbox"/>	a	<input type="checkbox"/>	s	<input type="checkbox"/>	s	<input type="checkbox"/>
e	<input type="checkbox"/>	d	<input type="checkbox"/>	m	<input type="checkbox"/>	d	<input type="checkbox"/>

In questions 41-46, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

EXAMPLE

r	<input type="checkbox"/>	?	<input type="checkbox"/>	g	<input type="checkbox"/>	?	<input type="checkbox"/>	t	<input type="checkbox"/>
i	<input checked="" type="checkbox"/>			a	<input type="checkbox"/>				
o	<input type="checkbox"/>			h	<input checked="" type="checkbox"/>				
e	<input type="checkbox"/>			e	<input type="checkbox"/>				

41 ? ? l ? c e

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

42 w i ? ? ? ?

r	<input type="checkbox"/>	k	<input type="checkbox"/>	l	<input type="checkbox"/>	d	<input type="checkbox"/>
c	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	r	<input type="checkbox"/>
k	<input type="checkbox"/>	c	<input type="checkbox"/>	i	<input type="checkbox"/>	n	<input type="checkbox"/>

43 c ? ? ? e

h	<input type="checkbox"/>	l	<input type="checkbox"/>	s	<input type="checkbox"/>
l	<input type="checkbox"/>	o	<input type="checkbox"/>	z	<input type="checkbox"/>
o	<input type="checkbox"/>	e	<input type="checkbox"/>	t	<input type="checkbox"/>

44 p ? ? i ? e

l	<input type="checkbox"/>	a	<input type="checkbox"/>	n	<input type="checkbox"/>
r	<input type="checkbox"/>	i	<input type="checkbox"/>	s	<input type="checkbox"/>
a	<input type="checkbox"/>	e	<input type="checkbox"/>	m	<input type="checkbox"/>

45 ? ? x i ? ? s

p	<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	u	<input type="checkbox"/>
r	<input type="checkbox"/>	n	<input type="checkbox"/>	o	<input type="checkbox"/>	e	<input type="checkbox"/>
a	<input type="checkbox"/>	i	<input type="checkbox"/>	u	<input type="checkbox"/>	o	<input type="checkbox"/>

46 c o ? ? ? ? t

m	<input type="checkbox"/>	c	<input type="checkbox"/>	u	<input type="checkbox"/>	n	<input type="checkbox"/>
n	<input type="checkbox"/>	s	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>
r	<input type="checkbox"/>	n	<input type="checkbox"/>	i	<input type="checkbox"/>	s	<input type="checkbox"/>

EXAMPLE

more	<input type="checkbox"/>
large	<input type="checkbox"/>
little	<input checked="" type="checkbox"/>
less	<input type="checkbox"/>

47 group
consecutive
separate
together

48 punctual
lazy
keen
overdue

49 miserable
sulk
frown
sneer

50 again
also
windy
although

51 emerge
sleep
descend
expose

52 vast
petty
microscopic
narrow

53 abandoned
replete
hunger
famished

54 crave
bore
despise
avert

55 monotonous
crumbled
level
wrinkled

56 approximate
unknown
specific
doubtful

Pupil's name:

Test date:

School name:

DATE OF BIRTH			
Day	Month	Year	
<input type="text"/>	<input type="text"/>	January	<input type="text"/>
<input type="text"/>	<input type="text"/>	February	<input type="text"/>
<input type="text"/>	<input type="text"/>	March	<input type="text"/>
<input type="text"/>	<input type="text"/>	April	<input type="text"/>
<input type="text"/>	<input type="text"/>	May	<input type="text"/>
<input type="text"/>	<input type="text"/>	June	<input type="text"/>
<input type="text"/>	<input type="text"/>	July	<input type="text"/>
<input type="text"/>	<input type="text"/>	August	<input type="text"/>
<input type="text"/>	<input type="text"/>	September	<input type="text"/>
<input type="text"/>	<input type="text"/>	October	<input type="text"/>
<input type="text"/>	<input type="text"/>	November	<input type="text"/>
<input type="text"/>	<input type="text"/>	December	<input type="text"/>

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

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

Please mark like this:

TEST 7

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

D

15

A

B

C

D

16

A

B

C

D

17

A

B

C

D

18

A

B

C

D

19

A

B

C

D

20

A

B

C

D

21

A

B

C

D

22

A

B

C

D

23

A

B

C

D

24

A

B

C

D

25

A

B

C

D

26

A

B

C

D

27

A

B

C

D

28

A

B

C

D

EXAMPLE

wonderful

awful

acceptable

expected

29

absurd

awful

funny

teased

30

claim

need

pry

request

31

soothe

laugh

taunt

bother

32

value

censure

like

applaud

33

aggravate

inflict

appease

confront

34

lessen

snug

solace

melancholy

35

pull

yank

strain

press

36

ignore

indulge

oblige

entertain

EXAMPLE

pen	<input type="checkbox"/>
pencil	<input type="checkbox"/>
card	<input checked="" type="checkbox"/>
crayon	<input type="checkbox"/>

37

lake	<input type="checkbox"/>
pond	<input type="checkbox"/>
stream	<input type="checkbox"/>
reservoir	<input type="checkbox"/>

38

mouse	<input type="checkbox"/>
monitor	<input type="checkbox"/>
stereo	<input type="checkbox"/>
keyboard	<input type="checkbox"/>

39

wellingtons	<input type="checkbox"/>
anorak	<input type="checkbox"/>
parasol	<input type="checkbox"/>
umbrella	<input type="checkbox"/>

40

limerick	<input type="checkbox"/>
hymn	<input type="checkbox"/>
sonnet	<input type="checkbox"/>
haiku	<input type="checkbox"/>

41

Germany	<input type="checkbox"/>
France	<input type="checkbox"/>
Spain	<input type="checkbox"/>
India	<input type="checkbox"/>

42

heart	<input type="checkbox"/>
knee	<input type="checkbox"/>
shoulder	<input type="checkbox"/>
hip	<input type="checkbox"/>

In questions 43-50, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

EXAMPLE

r	<input type="checkbox"/>	g	<input type="checkbox"/>	t	<input type="checkbox"/>
i	<input checked="" type="checkbox"/>	a	<input type="checkbox"/>		
o	<input type="checkbox"/>	h	<input checked="" type="checkbox"/>		
e	<input type="checkbox"/>	e	<input type="checkbox"/>		

43

?	<input type="checkbox"/>	l	<input type="checkbox"/>	a	<input type="checkbox"/>	t	<input type="checkbox"/>	v	<input type="checkbox"/>	e	<input type="checkbox"/>
t	<input type="checkbox"/>	u	<input type="checkbox"/>	c	<input type="checkbox"/>			i	<input type="checkbox"/>		
c	<input type="checkbox"/>	o	<input type="checkbox"/>	k	<input type="checkbox"/>			a	<input type="checkbox"/>		
s	<input type="checkbox"/>	a	<input type="checkbox"/>	q	<input type="checkbox"/>			e	<input type="checkbox"/>		

44

o	<input type="checkbox"/>	v	<input type="checkbox"/>	?	<input type="checkbox"/>	?	<input type="checkbox"/>	e	<input type="checkbox"/>	a	<input type="checkbox"/>	?	<input type="checkbox"/>
		a	<input type="checkbox"/>	e	<input type="checkbox"/>	s	<input type="checkbox"/>					s	<input type="checkbox"/>
		e	<input type="checkbox"/>	a	<input type="checkbox"/>	r	<input type="checkbox"/>					t	<input type="checkbox"/>
		v	<input type="checkbox"/>	r	<input type="checkbox"/>	l	<input type="checkbox"/>					k	<input type="checkbox"/>

45

l	<input type="checkbox"/>	?	<input type="checkbox"/>	?	<input type="checkbox"/>	d	<input type="checkbox"/>
i	<input type="checkbox"/>	c	<input type="checkbox"/>	e	<input type="checkbox"/>		
u	<input type="checkbox"/>	v	<input type="checkbox"/>	i	<input type="checkbox"/>		
a	<input type="checkbox"/>	f	<input type="checkbox"/>	a	<input type="checkbox"/>		

46

v	<input type="checkbox"/>	?	<input type="checkbox"/>	c	<input type="checkbox"/>	?	<input type="checkbox"/>	o	<input type="checkbox"/>	?	<input type="checkbox"/>
		y	<input type="checkbox"/>			d	<input type="checkbox"/>			e	<input type="checkbox"/>
		a	<input type="checkbox"/>			t	<input type="checkbox"/>			r	<input type="checkbox"/>
		i	<input type="checkbox"/>			k	<input type="checkbox"/>			y	<input type="checkbox"/>

47

?	<input type="checkbox"/>	c	<input type="checkbox"/>	h	<input type="checkbox"/>	?	<input type="checkbox"/>
a	<input type="checkbox"/>					o	<input type="checkbox"/>
e	<input type="checkbox"/>					e	<input type="checkbox"/>
i	<input type="checkbox"/>					a	<input type="checkbox"/>

48

?	<input type="checkbox"/>	i	<input type="checkbox"/>	?	<input type="checkbox"/>	c	<input type="checkbox"/>	u	<input type="checkbox"/>	?	<input type="checkbox"/>	a	<input type="checkbox"/>	r	<input type="checkbox"/>
c	<input type="checkbox"/>			a	<input type="checkbox"/>					r	<input type="checkbox"/>				
s	<input type="checkbox"/>			c	<input type="checkbox"/>					m	<input type="checkbox"/>				
p	<input type="checkbox"/>			r	<input type="checkbox"/>					l	<input type="checkbox"/>				

49

c	<input type="checkbox"/>	?	<input type="checkbox"/>	a	<input type="checkbox"/>	?	<input type="checkbox"/>	?	<input type="checkbox"/>	f	<input type="checkbox"/>	y	<input type="checkbox"/>
		h	<input type="checkbox"/>			r	<input type="checkbox"/>	e	<input type="checkbox"/>				
		e	<input type="checkbox"/>			i	<input type="checkbox"/>	r	<input type="checkbox"/>				
		l	<input type="checkbox"/>			s	<input type="checkbox"/>	i	<input type="checkbox"/>				

50

?	<input type="checkbox"/>	r	<input type="checkbox"/>	?	<input type="checkbox"/>	m	<input type="checkbox"/>	?	<input type="checkbox"/>	r	<input type="checkbox"/>	y	<input type="checkbox"/>
f	<input type="checkbox"/>			a	<input type="checkbox"/>			a	<input type="checkbox"/>				
p	<input type="checkbox"/>			i	<input type="checkbox"/>			e	<input type="checkbox"/>				
d	<input type="checkbox"/>			y	<input type="checkbox"/>			u	<input type="checkbox"/>				

EXAMPLE

more	<input type="checkbox"/>
large	<input type="checkbox"/>
little	<input checked="" type="checkbox"/>
less	<input type="checkbox"/>

51

captive	<input type="checkbox"/>
arrest	<input type="checkbox"/>
confinement	<input type="checkbox"/>
restrained	<input type="checkbox"/>

52

backward	<input type="checkbox"/>
fail	<input type="checkbox"/>
hesitate	<input type="checkbox"/>
retreat	<input type="checkbox"/>

53

trash	<input type="checkbox"/>
grant	<input type="checkbox"/>
forfeit	<input type="checkbox"/>
applaud	<input type="checkbox"/>

54

deliberate	<input type="checkbox"/>
intent	<input type="checkbox"/>
careful	<input type="checkbox"/>
balanced	<input type="checkbox"/>

55

indecisive	<input type="checkbox"/>
pliable	<input type="checkbox"/>
doubtful	<input type="checkbox"/>
stubborn	<input type="checkbox"/>

56

badly	<input type="checkbox"/>
inferior	<input type="checkbox"/>
minor	<input type="checkbox"/>
dubious	<input type="checkbox"/>

Pupil's name:

Test date:

School name:

DATE OF BIRTH			
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[0]	January	<input type="text"/>	2001
[1]	February	<input type="text"/>	2002
[2]	March	<input type="text"/>	2003
[3]	April	<input type="text"/>	2004
[4]	May	<input type="text"/>	2005
[5]	June	<input type="text"/>	2006
[6]	July	<input type="text"/>	2007
[7]	August	<input type="text"/>	2008
[8]	September	<input type="text"/>	2009
[9]	October	<input type="text"/>	2010
	November	<input type="text"/>	2011
	December	<input type="text"/>	2012

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:

TEST 8

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"/>		
17 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	18 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	19 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	20 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>						
21 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	22 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	23 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	24 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>						
EXAMPLE wonderful <input checked="" type="checkbox"/> awful <input type="checkbox"/> acceptable <input type="checkbox"/> expected <input type="checkbox"/>	25 close <input type="checkbox"/> rift <input type="checkbox"/> apart <input type="checkbox"/> undo <input type="checkbox"/>	26 sly <input type="checkbox"/> lie <input type="checkbox"/> fake <input type="checkbox"/> ruse <input type="checkbox"/>	27 extreme <input type="checkbox"/> astonishing <input type="checkbox"/> dire <input type="checkbox"/> daunting <input type="checkbox"/>	28 hazard <input type="checkbox"/> dangerous <input type="checkbox"/> inconvenience <input type="checkbox"/> uncertain <input type="checkbox"/>	29 grip <input type="checkbox"/> paw <input type="checkbox"/> talon <input type="checkbox"/> injure <input type="checkbox"/>	30 mature <input type="checkbox"/> senior <input type="checkbox"/> ripe <input type="checkbox"/> grow <input type="checkbox"/>			
31 dive <input type="checkbox"/> bound <input type="checkbox"/> swing <input type="checkbox"/> plunge <input type="checkbox"/>	32 indecisive <input type="checkbox"/> bounce <input type="checkbox"/> stray <input type="checkbox"/> teeter <input type="checkbox"/>	33 stole <input type="checkbox"/> seize <input type="checkbox"/> carry <input type="checkbox"/> choose <input type="checkbox"/>	34 secure <input type="checkbox"/> hidden <input type="checkbox"/> escape <input type="checkbox"/> refuge <input type="checkbox"/>	35 feign <input type="checkbox"/> assume <input type="checkbox"/> mislead <input type="checkbox"/> cheat <input type="checkbox"/>	36 ignored <input type="checkbox"/> mute <input type="checkbox"/> vocal <input type="checkbox"/> solemn <input type="checkbox"/>				

In questions 37-44, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

37 ? ? l y

o	e
a	l
s	n

38 ? ? e ? p

t	h	e
s	t	a
c	e	i

39 r ? ? ? ? v e d

a	a	e	i
e	z	s	e
i	s	a	r

40 i ? n ? r ? ? t

l	o	i	s
n	g	a	m
g	i	e	n

41 i n ? ? s t r ? ? u s

d	e	e	l
f	o	i	o
t	u	o	a

42 ? r i ? ? a l

f	v	i
c	t	e
t	l	c

43 ? r ? ? f l y

t	e	i
b	i	e
g	o	a

44 s ? ? n ? ? d

h	u	g	i
t	o	t	o
l	a	e	e

EXAMPLE

more	<input type="checkbox"/>
large	<input type="checkbox"/>
little	<input checked="" type="checkbox"/>
less	<input type="checkbox"/>

45

knit	<input type="checkbox"/>
reap	<input type="checkbox"/>
dig	<input type="checkbox"/>
cut	<input type="checkbox"/>

46

prison	<input type="checkbox"/>
immoral	<input type="checkbox"/>
criminal	<input type="checkbox"/>
dishonest	<input type="checkbox"/>

47

arrive	<input type="checkbox"/>
departing	<input type="checkbox"/>
cruise	<input type="checkbox"/>
ocean	<input type="checkbox"/>

48

elevated	<input type="checkbox"/>
steep	<input type="checkbox"/>
above	<input type="checkbox"/>
hover	<input type="checkbox"/>

49

assist	<input type="checkbox"/>
servant	<input type="checkbox"/>
child	<input type="checkbox"/>
helper	<input type="checkbox"/>

50

fail	<input type="checkbox"/>
late	<input type="checkbox"/>
destined	<input type="checkbox"/>
forthcoming	<input type="checkbox"/>

51

dead	<input type="checkbox"/>
indefinite	<input type="checkbox"/>
imitation	<input type="checkbox"/>
hidden	<input type="checkbox"/>

52

vague	<input type="checkbox"/>
explicit	<input type="checkbox"/>
irregular	<input type="checkbox"/>
vacant	<input type="checkbox"/>

53

full	<input type="checkbox"/>
lacking	<input type="checkbox"/>
meagre	<input type="checkbox"/>
copious	<input type="checkbox"/>

54

favour	<input type="checkbox"/>
disgust	<input type="checkbox"/>
entice	<input type="checkbox"/>
recall	<input type="checkbox"/>

55

expose	<input type="checkbox"/>
overt	<input type="checkbox"/>
exhibition	<input type="checkbox"/>
report	<input type="checkbox"/>

56

scared	<input type="checkbox"/>
eager	<input type="checkbox"/>
despair	<input type="checkbox"/>
pessimistic	<input type="checkbox"/>