

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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 1

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"/>		

In questions 15-34, each word has two or more missing letters. Mark the box next to each letter that needs to be added to complete the word.

15 A n c ? ? ? t e <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/> i <input type="checkbox"/> e <input type="checkbox"/> r <input type="checkbox"/> s <input type="checkbox"/> i <input type="checkbox"/> t <input type="checkbox"/>	16 ? ? i l d ? n g b <input type="checkbox"/> i <input type="checkbox"/> a <input type="checkbox"/> h <input type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/> c <input type="checkbox"/> u <input type="checkbox"/> i <input type="checkbox"/>	
17 i n ? ? ? d e d t <input type="checkbox"/> l <input type="checkbox"/> u <input type="checkbox"/> c <input type="checkbox"/> i <input type="checkbox"/> n <input type="checkbox"/> v <input type="checkbox"/> e <input type="checkbox"/> d <input type="checkbox"/>	18 p l ? ? ? s i <input type="checkbox"/> c <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> i <input type="checkbox"/> u <input type="checkbox"/> e <input type="checkbox"/> t <input type="checkbox"/> s <input type="checkbox"/>	19 ? h ? ? g s c <input type="checkbox"/> o <input type="checkbox"/> a <input type="checkbox"/> s <input type="checkbox"/> i <input type="checkbox"/> e <input type="checkbox"/> t <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/>
20 b e l ? ? ? e d e <input type="checkbox"/> n <input type="checkbox"/> v <input type="checkbox"/> i <input type="checkbox"/> e <input type="checkbox"/> t <input type="checkbox"/> o <input type="checkbox"/> i <input type="checkbox"/> n <input type="checkbox"/>	21 g r a ? ? ? d s <input type="checkbox"/> t <input type="checkbox"/> i <input type="checkbox"/> n <input type="checkbox"/> s <input type="checkbox"/> e <input type="checkbox"/> i <input type="checkbox"/> l <input type="checkbox"/> d <input type="checkbox"/>	
22 a ? t ? ? n s c <input type="checkbox"/> s <input type="checkbox"/> o <input type="checkbox"/> k <input type="checkbox"/> i <input type="checkbox"/> h <input type="checkbox"/> n <input type="checkbox"/> o <input type="checkbox"/> u <input type="checkbox"/>	23 ? u d g e ? ? n t g <input type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> m <input type="checkbox"/> i <input type="checkbox"/> j <input type="checkbox"/> r <input type="checkbox"/> a <input type="checkbox"/>	
24 w e ? ? h e d a <input type="checkbox"/> t <input type="checkbox"/> t <input type="checkbox"/> s <input type="checkbox"/> i <input type="checkbox"/> g <input type="checkbox"/>	25 h e a ? ? ? r v <input type="checkbox"/> h <input type="checkbox"/> e <input type="checkbox"/> t <input type="checkbox"/> i <input type="checkbox"/> a <input type="checkbox"/> f <input type="checkbox"/> e <input type="checkbox"/> i <input type="checkbox"/>	
26 u n w ? ? t h ? e <input type="checkbox"/> r <input type="checkbox"/> e <input type="checkbox"/> o <input type="checkbox"/> i <input type="checkbox"/> y <input type="checkbox"/> u <input type="checkbox"/> g <input type="checkbox"/> s <input type="checkbox"/>	27 e n ? ? r d <input type="checkbox"/> e <input type="checkbox"/> s <input type="checkbox"/> a <input type="checkbox"/> t <input type="checkbox"/> o <input type="checkbox"/>	28 f ? ? ? t e <input type="checkbox"/> r <input type="checkbox"/> s <input type="checkbox"/> i <input type="checkbox"/> s <input type="checkbox"/> l <input type="checkbox"/> r <input type="checkbox"/> i <input type="checkbox"/> u <input type="checkbox"/>

29 b e ? ? ? s e

s	a	a
c	u	u
k	o	s

30 ? ? ? l l e r

t	h	e
s	t	a
c	m	i

31 a n o ? ? ? r

v	h	e
t	v	u
u	s	a

32 h i ? ? ? n

s	t	n
d	i	i
l	d	e

33 d e ? ? r

f	e
b	u
t	i

34 n ? t ? ? ? g

u	h	e	n
a	s	i	e
o	t	s	l

EXAMPLE

freckle	<input type="checkbox"/>
smudge	<input type="checkbox"/>
spot	<input checked="" type="checkbox"/>
see	<input type="checkbox"/>

35 goal
aim
motive
guide

36 drop
gutter
ditch
leave

37 gift
bonus
skill
flair

38 way
chase
passage
track

39 rule
govern
order
instruct

40 judge
mark
rate
cut

41 dash
nation
race
type

42 delayed
next
detained
behind

43 roll
rock
tilt
cobble

44 hair
seal
plait
lock

In questions 45-54, 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	?
u	<input type="checkbox"/>	u	<input checked="" type="checkbox"/>	s
o	<input checked="" type="checkbox"/>	f	<input type="checkbox"/>	e
a	<input type="checkbox"/>	o	<input type="checkbox"/>	h

45 ? i ? t ? r

s	l	e
b	s	u
d	t	a

46 ? e a l ? h ?

w	s	y
h	t	e
s	c	s

47 ? o ? s t

l	i
b	a
m	r

48 s ? ? d y

a	n
h	o
c	a

49 ? e r m ? ? ? n t

t	e	n	e
p	a	m	i
f	u	a	a

50 ? ? e e ? y

s	r	d
g	l	z
b	p	p

51 w ? ?

a	e
r	r
o	a

52 ? o m ? ? n

b	d	o
p	m	u
c	p	e

53 e ? g ? r

a	a
e	u
i	e

54 a m a t ? ? ?

u	r	r
e	u	e
i	e	h

EXAMPLE

tiny	<input checked="" type="checkbox"/>
strong	<input type="checkbox"/>
large	<input type="checkbox"/>
soft	<input type="checkbox"/>

55 noble
fearless
capable
tough

56 consider
estimate
belief
idea

57 payment
value
expensive
reward

58 teach
student
learn
education

59 treat
remedy
cure
aid

60 comforted
pleased
comical
witty

61 excavate
sift
tunnel
scoop

62 around
shape
band
tunnel

63 broken
flexible
snap
springy

64 taut
solid
immovable
tense

65 afraid
shock
frightful
fluster

66 slight
miniature
wane
simplify

67 drench
damp
drip
clean

68 curt
silent
secretive
defensive

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						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 2

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"/>	25 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	26 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	27 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	28 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	29 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	30 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
31 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	32 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	33 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	34 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				

In questions 35-42, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

35 p a ? ? ? d

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

36 s h ? ? ?

<input type="checkbox"/>	a	<input type="checkbox"/>	n	<input type="checkbox"/>	e	<input type="checkbox"/>
<input type="checkbox"/>	e	<input type="checkbox"/>	l	<input type="checkbox"/>	d	<input type="checkbox"/>
<input type="checkbox"/>	o	<input type="checkbox"/>	r	<input type="checkbox"/>	f	<input type="checkbox"/>

37 g a z ? ? ?

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

38 e x ? ? i ? i t e

c	u	s
q	l	z
e	e	c

39 g l ? ? m ? ? g

e	m	r	l
i	e	s	e
a	a	i	n

40 p i ? ? ? s

c	c	y
e	r	e
a	s	i

41 a p r ? ?

i	s
o	l
e	n

42 f ? a ? ? ? r

r	u	k	e
l	c	h	u
e	v	o	a

EXAMPLE

angry	<input type="checkbox"/>
wild	<input checked="" type="checkbox"/>
strong	<input type="checkbox"/>
calm	<input type="checkbox"/>

43

dense	<input type="checkbox"/>
frail	<input type="checkbox"/>
light	<input type="checkbox"/>
bulky	<input type="checkbox"/>

44

joint	<input type="checkbox"/>
fragment	<input type="checkbox"/>
detach	<input type="checkbox"/>
exclude	<input type="checkbox"/>

45

shy	<input type="checkbox"/>
surly	<input type="checkbox"/>
jealous	<input type="checkbox"/>
brave	<input type="checkbox"/>

46

modest	<input type="checkbox"/>
needy	<input type="checkbox"/>
pitiful	<input type="checkbox"/>
sad	<input type="checkbox"/>

47

initial	<input type="checkbox"/>
before	<input type="checkbox"/>
previous	<input type="checkbox"/>
delayed	<input type="checkbox"/>

48

gallant	<input type="checkbox"/>
risky	<input type="checkbox"/>
secure	<input type="checkbox"/>
careless	<input type="checkbox"/>

49

separate	<input type="checkbox"/>
tangle	<input type="checkbox"/>
saturate	<input type="checkbox"/>
organise	<input type="checkbox"/>

50

robust	<input type="checkbox"/>
many	<input type="checkbox"/>
great	<input type="checkbox"/>
colossal	<input type="checkbox"/>

EXAMPLE

tiny	<input checked="" type="checkbox"/>
strong	<input type="checkbox"/>
large	<input type="checkbox"/>
soft	<input type="checkbox"/>

51

heal	<input type="checkbox"/>
screw	<input type="checkbox"/>
staple	<input type="checkbox"/>
fix	<input type="checkbox"/>

52

dainty	<input type="checkbox"/>
precious	<input type="checkbox"/>
adorable	<input type="checkbox"/>
beautiful	<input type="checkbox"/>

53

laughing	<input type="checkbox"/>
clapping	<input type="checkbox"/>
pleased	<input type="checkbox"/>
excited	<input type="checkbox"/>

54

lunge	<input type="checkbox"/>
tumble	<input type="checkbox"/>
squash	<input type="checkbox"/>
leap	<input type="checkbox"/>

55

hint	<input type="checkbox"/>
suspicion	<input type="checkbox"/>
guess	<input type="checkbox"/>
signal	<input type="checkbox"/>

56

collapsed	<input type="checkbox"/>
injure	<input type="checkbox"/>
spoil	<input type="checkbox"/>
wound	<input type="checkbox"/>

57

bullet	<input type="checkbox"/>
barrel	<input type="checkbox"/>
fire	<input type="checkbox"/>
target	<input type="checkbox"/>

58

list	<input type="checkbox"/>
message	<input type="checkbox"/>
essay	<input type="checkbox"/>
report	<input type="checkbox"/>

59

around	<input type="checkbox"/>
adjacent	<input type="checkbox"/>
behind	<input type="checkbox"/>
below	<input type="checkbox"/>

60

protect	<input type="checkbox"/>
handcuff	<input type="checkbox"/>
bolt	<input type="checkbox"/>
arrest	<input type="checkbox"/>

61

articulate	<input type="checkbox"/>
murmur	<input type="checkbox"/>
hoarse	<input type="checkbox"/>
secretive	<input type="checkbox"/>

62

calm	<input type="checkbox"/>
carefree	<input type="checkbox"/>
simple	<input type="checkbox"/>
sensible	<input type="checkbox"/>

In questions 63-68, 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	?
u	u	s		
o	f	e		
a	o	h		

63 ? ? ? p

p	a	e
b	i	r
d	e	a

64 ? a ? r ? w

t	g	o
n	e	e
l	r	a

65 ? ? ? e a ? h

b	o	d	t
u	n	w	s
l	e	n	c

66 ? ? o k ? d

c	h	s
s	i	e
d	o	i

67 ? n ? r m ? ? s

e	u	e	u
s	t	o	o
i	o	h	t

68 ? u ? l y

b	v
w	r
c	l

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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <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"/>	25 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	26 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	27 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	28 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	29 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	30 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
31 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	32 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>						

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.

EXAMPLE					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s <input type="checkbox"/>	a <input checked="" type="checkbox"/>			i <input type="checkbox"/>	
c <input checked="" type="checkbox"/>	e <input type="checkbox"/>			y <input type="checkbox"/>	
k <input type="checkbox"/>	o <input type="checkbox"/>			e <input checked="" type="checkbox"/>	

33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	u <input type="checkbox"/>	v <input type="checkbox"/>	u <input type="checkbox"/>				
	a <input type="checkbox"/>	x <input type="checkbox"/>	o <input type="checkbox"/>				
	y <input type="checkbox"/>	p <input type="checkbox"/>	i <input type="checkbox"/>				

34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h <input type="checkbox"/>	a <input type="checkbox"/>					
	l <input type="checkbox"/>	o <input type="checkbox"/>					
	w <input type="checkbox"/>	y <input type="checkbox"/>					

35 n o t o ? ? ? ? s

e	e	u	u
m	i	o	o
r	y	h	i

36 ? i f f ? ? u l ?

t		i	f		d
d		u	t		y
j		y	c		t

37 i r ? e g u ? ? ?

a		l	e	r
r		y	a	y
n		t	u	d

38 ? t u m b ? ?

a		e	d
u		r	e
s		l	y

39 p r i ? ? t ?

d	a	e
c	i	y
v	e	o

40 s p a ? ? ? ? s

s	i	u	e
t	h	d	u
c	o	o	y

41 ? l o ? t

b	u
g	a
s	y

42 r ? ? l m

a	u
e	a
i	y

43 ? l ? ? t h

s	u	u
b	e	i
c	a	l

44 t ? n d ? ?

i	a	r
a	r	d
e	e	e

EXAMPLE

tiny	<input checked="" type="checkbox"/>
strong	<input type="checkbox"/>
large	<input type="checkbox"/>
soft	<input type="checkbox"/>

45

rigid	<input type="checkbox"/>
ache	<input type="checkbox"/>
brittle	<input type="checkbox"/>
bulky	<input type="checkbox"/>

46

vengeful	<input type="checkbox"/>
dominant	<input type="checkbox"/>
conceited	<input type="checkbox"/>
vicious	<input type="checkbox"/>

47

stunned	<input type="checkbox"/>
dubious	<input type="checkbox"/>
crestfallen	<input type="checkbox"/>
bewildered	<input type="checkbox"/>

48

review	<input type="checkbox"/>
observe	<input type="checkbox"/>
inspect	<input type="checkbox"/>
vigilant	<input type="checkbox"/>

49

wince	<input type="checkbox"/>
shroud	<input type="checkbox"/>
wrench	<input type="checkbox"/>
quiver	<input type="checkbox"/>

50

continue	<input type="checkbox"/>
renew	<input type="checkbox"/>
resume	<input type="checkbox"/>
onset	<input type="checkbox"/>

51

puncture	<input type="checkbox"/>
eradicate	<input type="checkbox"/>
wound	<input type="checkbox"/>
obliterate	<input type="checkbox"/>

52

invigorated	<input type="checkbox"/>
drowsy	<input type="checkbox"/>
drained	<input type="checkbox"/>
dormant	<input type="checkbox"/>

53

belated	<input type="checkbox"/>
inactive	<input type="checkbox"/>
resistant	<input type="checkbox"/>
leisurely	<input type="checkbox"/>

54

aged	<input type="checkbox"/>
decayed	<input type="checkbox"/>
wrinkled	<input type="checkbox"/>
gnarled	<input type="checkbox"/>

EXAMPLE

angry	<input type="checkbox"/>
wild	<input checked="" type="checkbox"/>
strong	<input type="checkbox"/>
calm	<input type="checkbox"/>

55

lie	<input type="checkbox"/>
query	<input type="checkbox"/>
question	<input type="checkbox"/>
doubt	<input type="checkbox"/>

56

acquire	<input type="checkbox"/>
preserve	<input type="checkbox"/>
borrow	<input type="checkbox"/>
reject	<input type="checkbox"/>

57

victorious	<input type="checkbox"/>
retreat	<input type="checkbox"/>
valour	<input type="checkbox"/>
swagger	<input type="checkbox"/>

58

vice	<input type="checkbox"/>
corrupt	<input type="checkbox"/>
reticent	<input type="checkbox"/>
moral	<input type="checkbox"/>

59

empty	<input type="checkbox"/>
vacant	<input type="checkbox"/>
entire	<input type="checkbox"/>
partial	<input type="checkbox"/>

60

sincere	<input type="checkbox"/>
secret	<input type="checkbox"/>
explain	<input type="checkbox"/>
bare	<input type="checkbox"/>

61

suggest	<input type="checkbox"/>
enquire	<input type="checkbox"/>
accept	<input type="checkbox"/>
waste	<input type="checkbox"/>

62

trouble	<input type="checkbox"/>
order	<input type="checkbox"/>
refined	<input type="checkbox"/>
content	<input type="checkbox"/>

63

inexpensive	<input type="checkbox"/>
tasteless	<input type="checkbox"/>
paltry	<input type="checkbox"/>
concealed	<input type="checkbox"/>

64

hostage	<input type="checkbox"/>
victim	<input type="checkbox"/>
outlaw	<input type="checkbox"/>
convict	<input type="checkbox"/>

65

dissuade	<input type="checkbox"/>
agree	<input type="checkbox"/>
comply	<input type="checkbox"/>
reject	<input type="checkbox"/>

66

humble	<input type="checkbox"/>
exceptional	<input type="checkbox"/>
contemporary	<input type="checkbox"/>
imaginative	<input type="checkbox"/>

67

adamant	<input type="checkbox"/>
indulgent	<input type="checkbox"/>
lenient	<input type="checkbox"/>
benevolent	<input type="checkbox"/>

68

immature	<input type="checkbox"/>
intelligent	<input type="checkbox"/>
wily	<input type="checkbox"/>
experienced	<input type="checkbox"/>

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 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"/>
--	--	--	--	--	--	--	--	--	---

In questions 11-25, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

11 r e s ? d e ? ? s a <input type="checkbox"/> r <input type="checkbox"/> t <input type="checkbox"/> e <input type="checkbox"/> t <input type="checkbox"/> d <input type="checkbox"/> i <input type="checkbox"/> n <input type="checkbox"/> e <input type="checkbox"/>	12 t ? r r ? ? ? i n g i <input type="checkbox"/> o <input type="checkbox"/> s <input type="checkbox"/> s <input type="checkbox"/> e <input type="checkbox"/> i <input type="checkbox"/> f <input type="checkbox"/> z <input type="checkbox"/> o <input type="checkbox"/> e <input type="checkbox"/> r <input type="checkbox"/> y <input type="checkbox"/>		
13 ? i l ? ? g ? p <input type="checkbox"/> i <input type="checkbox"/> a <input type="checkbox"/> y <input type="checkbox"/> v <input type="checkbox"/> a <input type="checkbox"/> r <input type="checkbox"/> s <input type="checkbox"/> c <input type="checkbox"/> l <input type="checkbox"/> i <input type="checkbox"/> e <input type="checkbox"/>	14 ? u ? ? h e r b <input type="checkbox"/> c <input type="checkbox"/> s <input type="checkbox"/> r <input type="checkbox"/> g <input type="checkbox"/> t <input type="checkbox"/> g <input type="checkbox"/> t <input type="checkbox"/> c <input type="checkbox"/>	15 ? o ? ? e r <input type="checkbox"/> i <input type="checkbox"/> d <input type="checkbox"/> n <input type="checkbox"/> a <input type="checkbox"/> s <input type="checkbox"/> b <input type="checkbox"/> r <input type="checkbox"/> z <input type="checkbox"/>	
16 c r ? ? t ? ? e a <input type="checkbox"/> e <input type="checkbox"/> h <input type="checkbox"/> r <input type="checkbox"/> o <input type="checkbox"/> i <input type="checkbox"/> u <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> r <input type="checkbox"/> s <input type="checkbox"/>	17 s ? i n g ? ? ? h <input type="checkbox"/> i <input type="checkbox"/> g <input type="checkbox"/> e <input type="checkbox"/> t <input type="checkbox"/> r <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> g <input type="checkbox"/> d <input type="checkbox"/> g <input type="checkbox"/>	18 ? ? i r y s <input type="checkbox"/> h <input type="checkbox"/> d <input type="checkbox"/> a <input type="checkbox"/> h <input type="checkbox"/> e <input type="checkbox"/>	
19 s ? ? ? c e a <input type="checkbox"/> u <input type="checkbox"/> r <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> c <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> o <input type="checkbox"/>	20 p ? ? n ? i n g r <input type="checkbox"/> a <input type="checkbox"/> r <input type="checkbox"/> l <input type="checkbox"/> n <input type="checkbox"/> n <input type="checkbox"/> e <input type="checkbox"/> i <input type="checkbox"/> t <input type="checkbox"/>	21 p ? t ? ? l e <input type="checkbox"/> n <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> h <input type="checkbox"/> o <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> a <input type="checkbox"/>	
22 o ? t ? m ? ? t i ? s <input type="checkbox"/> a <input type="checkbox"/> m <input type="checkbox"/> i <input type="checkbox"/> n <input type="checkbox"/> a <input type="checkbox"/> i <input type="checkbox"/> y <input type="checkbox"/> s <input type="checkbox"/> c <input type="checkbox"/> p <input type="checkbox"/> o <input type="checkbox"/> i <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/>	23 ? r ? p ? r ? t i o n s t <input type="checkbox"/> i <input type="checkbox"/> e <input type="checkbox"/> o <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> i <input type="checkbox"/> p <input type="checkbox"/> a <input type="checkbox"/> o <input type="checkbox"/> a <input type="checkbox"/>		
24 m ? s t e r ? ? ? s y <input type="checkbox"/> e <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> i <input type="checkbox"/> i <input type="checkbox"/> u <input type="checkbox"/> o <input type="checkbox"/> a <input type="checkbox"/> y <input type="checkbox"/> e <input type="checkbox"/> u <input type="checkbox"/>	25 ? e ? ? ? n d s s <input type="checkbox"/> s <input type="checkbox"/> i <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> s <input type="checkbox"/> o <input type="checkbox"/> d <input type="checkbox"/> n <input type="checkbox"/> c <input type="checkbox"/> e <input type="checkbox"/>		
26 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	27 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	28 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	29 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>

In questions 30-39, 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	p	?	t
s	a			i	
c	e			y	
k	o			e	

30

?	?	?	i	?	t
r	a	r		n	
d	p	c		r	
s	r	s		e	

31

?	o	?	r
r		e	
l		a	
s		i	

32

?	e	e	?	?	e
w			b	s	
f			d	d	
d			r	l	

33

d	?	?	d	l	?
	o	r			e
	r	u			y
	a	w			o

34

h	?	a	r	?	?
	o			c	c
	e			s	d
	u			n	e

35

?	a	?	?	d
f		s	i	
s		t	e	
r		p	o	

36

w	?	i	n	?	?	e
	o			a	l	
	r			i	d	
	a			k	s	

37

?	?	i	s	i	?
h	r				n
e	m				s
c	e				d

38

c	?	?	s	e
	h	a		
	r	i		
	e	e		

39

?	?	?	d
c	r	n	
s	e	s	
r	i	a	

EXAMPLE

teacher	<input type="checkbox"/>
doctor	<input type="checkbox"/>
hospital	<input checked="" type="checkbox"/>
firefighter	<input type="checkbox"/>

40

hail	<input type="checkbox"/>
snow	<input type="checkbox"/>
sleet	<input type="checkbox"/>
fog	<input type="checkbox"/>

41

upset	<input type="checkbox"/>
bawl	<input type="checkbox"/>
weep	<input type="checkbox"/>
sob	<input type="checkbox"/>

42

sett	<input type="checkbox"/>
burrow	<input type="checkbox"/>
warren	<input type="checkbox"/>
eyrie	<input type="checkbox"/>

43

tongue	<input type="checkbox"/>
bone	<input type="checkbox"/>
gum	<input type="checkbox"/>
tooth	<input type="checkbox"/>

44

candle	<input type="checkbox"/>
torch	<input type="checkbox"/>
beam	<input type="checkbox"/>
lamp	<input type="checkbox"/>

45

leopard	<input type="checkbox"/>
lion	<input type="checkbox"/>
tiger	<input type="checkbox"/>
monkey	<input type="checkbox"/>

46

stable	<input type="checkbox"/>
saddle	<input type="checkbox"/>
rein	<input type="checkbox"/>
stirrup	<input type="checkbox"/>

47

frown	<input type="checkbox"/>
grin	<input type="checkbox"/>
glare	<input type="checkbox"/>
scowl	<input type="checkbox"/>

48

accept	<input type="checkbox"/>
deliver	<input type="checkbox"/>
receive	<input type="checkbox"/>
get	<input type="checkbox"/>

49

lecturer	<input type="checkbox"/>
tutor	<input type="checkbox"/>
assistant	<input type="checkbox"/>
teacher	<input type="checkbox"/>

EXAMPLE

mother	<input type="checkbox"/>	a	<input type="checkbox"/>
my	<input type="checkbox"/>	hat	<input type="checkbox"/>
head	<input checked="" type="checkbox"/>		
wears	<input type="checkbox"/>		
pink	<input type="checkbox"/>		

50

to	<input type="checkbox"/>	broken	<input type="checkbox"/>
it	<input type="checkbox"/>	weekend	<input type="checkbox"/>
took	<input type="checkbox"/>	it	<input type="checkbox"/>
all	<input type="checkbox"/>	fix	<input type="checkbox"/>
me	<input type="checkbox"/>		

51

is	<input type="checkbox"/>	dog	<input type="checkbox"/>
where	<input type="checkbox"/>	hiding	<input type="checkbox"/>
tonight	<input type="checkbox"/>		
kennel	<input type="checkbox"/>		
your	<input type="checkbox"/>		

52

is	<input type="checkbox"/>	best	<input type="checkbox"/>
favourite	<input type="checkbox"/>	subject	<input type="checkbox"/>
least	<input type="checkbox"/>		
science	<input type="checkbox"/>		
my	<input type="checkbox"/>		

53

think	<input type="checkbox"/>	the	<input type="checkbox"/>
sandwiches	<input type="checkbox"/>	for	<input type="checkbox"/>
crisps	<input type="checkbox"/>	the	<input type="checkbox"/>
said	<input type="checkbox"/>	and	<input type="checkbox"/>
he	<input type="checkbox"/>	thanks	<input type="checkbox"/>

54

dragon	<input type="checkbox"/>	about	<input type="checkbox"/>
wants	<input type="checkbox"/>	read	<input type="checkbox"/>
why	<input type="checkbox"/>	a	<input type="checkbox"/>
to	<input type="checkbox"/>	a	<input type="checkbox"/>
who	<input type="checkbox"/>	story	<input type="checkbox"/>

EXAMPLE

angry	<input type="checkbox"/>
wild	<input checked="" type="checkbox"/>
strong	<input type="checkbox"/>
calm	<input type="checkbox"/>

55

poor	<input type="checkbox"/>
unhappy	<input type="checkbox"/>
proud	<input type="checkbox"/>
selfish	<input type="checkbox"/>

56

listless	<input type="checkbox"/>
mundane	<input type="checkbox"/>
obtuse	<input type="checkbox"/>
stimulating	<input type="checkbox"/>

57

cautious	<input type="checkbox"/>
hasty	<input type="checkbox"/>
discreet	<input type="checkbox"/>
guarded	<input type="checkbox"/>

58

cowardly	<input type="checkbox"/>
diligent	<input type="checkbox"/>
lethargic	<input type="checkbox"/>
hesitate	<input type="checkbox"/>

59

meticulous	<input type="checkbox"/>
idle	<input type="checkbox"/>
useless	<input type="checkbox"/>
futile	<input type="checkbox"/>

60

expendable	<input type="checkbox"/>
significant	<input type="checkbox"/>
heavy	<input type="checkbox"/>
robust	<input type="checkbox"/>

61

gentle	<input type="checkbox"/>
vulgar	<input type="checkbox"/>
devoted	<input type="checkbox"/>
friendly	<input type="checkbox"/>

62

despondent	<input type="checkbox"/>
bound	<input type="checkbox"/>
unrestricted	<input type="checkbox"/>
captivity	<input type="checkbox"/>

63

duplicate	<input type="checkbox"/>
temporary	<input type="checkbox"/>
feigned	<input type="checkbox"/>
alternative	<input type="checkbox"/>

64

soil	<input type="checkbox"/>
disarray	<input type="checkbox"/>
unruly	<input type="checkbox"/>
drab	<input type="checkbox"/>

65

deplete	<input type="checkbox"/>
provisions	<input type="checkbox"/>
utilise	<input type="checkbox"/>
overstock	<input type="checkbox"/>

66

precipice	<input type="checkbox"/>
apex	<input type="checkbox"/>
plummet	<input type="checkbox"/>
platform	<input type="checkbox"/>

67

brash	<input type="checkbox"/>
brawny	<input type="checkbox"/>
submissive	<input type="checkbox"/>
assertive	<input type="checkbox"/>

68

disproportionate	<input type="checkbox"/>
colossal	<input type="checkbox"/>
superfluous	<input type="checkbox"/>
inordinate	<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"/>
[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						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 5

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"/>	25 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	26 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	27 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	28 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	29 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	30 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>

In questions 31-40, each word has two or more missing letters. Mark the box next to each letter that needs to be added to complete the word.

31 p r ? t ? ? ? a <input type="checkbox"/> e <input type="checkbox"/> r <input type="checkbox"/> t <input type="checkbox"/> o <input type="checkbox"/> a <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/> t <input type="checkbox"/> s <input type="checkbox"/> y <input type="checkbox"/>	32 g a ? ? ? r e d r <input type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/> v <input type="checkbox"/> t <input type="checkbox"/> r <input type="checkbox"/> t <input type="checkbox"/> h <input type="checkbox"/> a <input type="checkbox"/>	33 ? ? r y r <input type="checkbox"/> i <input type="checkbox"/> a <input type="checkbox"/> u <input type="checkbox"/> f <input type="checkbox"/> n <input type="checkbox"/>
34 ? r a c ? ? ? e t <input type="checkbox"/> d <input type="checkbox"/> i <input type="checkbox"/> s <input type="checkbox"/> s <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> c <input type="checkbox"/> p <input type="checkbox"/> t <input type="checkbox"/> e <input type="checkbox"/> d <input type="checkbox"/>	35 ? ? d i c u l ? ? s s <input type="checkbox"/> i <input type="checkbox"/> l <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> e <input type="checkbox"/> u <input type="checkbox"/> s <input type="checkbox"/> a <input type="checkbox"/> r <input type="checkbox"/> o <input type="checkbox"/> u <input type="checkbox"/>	
36 ? l d ? r ? y o <input type="checkbox"/> i <input type="checkbox"/> r <input type="checkbox"/> a <input type="checkbox"/> a <input type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/> l <input type="checkbox"/>	37 ? o ? n ? s t ? r s m <input type="checkbox"/> n <input type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/> y <input type="checkbox"/> a <input type="checkbox"/> g <input type="checkbox"/> a <input type="checkbox"/> j <input type="checkbox"/> u <input type="checkbox"/> i <input type="checkbox"/> o <input type="checkbox"/>	

38 ? ? w ? e r ?
 s o a e
 p e h n
 n i e d

39 ? a i ? e ?
 s v n
 r r d
 f s e

40 ? n c ? ? ? e s
 u k o s
 e l u d
 i o r n

EXAMPLE
 tiny
 strong
 large
 soft

41 astray
 evade
 inconspicuous
 addled

42 levitate
 launch
 swoop
 skim

43 dejected
 coy
 brusque
 surly

44 tranquil
 divine
 motionless
 stagnant

45 boisterous
 subdued
 abashed
 hesitant

46 futile
 unproductive
 trivial
 pessimistic

47 rowdy
 volatile
 unruly
 hazardous

48 domed
 twirled
 flourish
 helix

49 disloyal
 devious
 faithless
 cheating

50 decree
 interrogate
 deliberate
 ultimate

EXAMPLE
 angry
 wild
 strong
 calm

51 peppery
 pungent
 saccharine
 unpalatable

52 obvious
 celebrated
 visible
 noticeable

53 original
 preceding
 native
 primitive

54 remiss
 postpone
 tardy
 cancel

55 bewildered
 reluctant
 wary
 lethargic

56 shaggy
 mottled
 wiry
 fibrous

57 determined
 zealous
 pessimistic
 dissatisfied

58 compile
 contract
 summarise
 embody

59 placid
 statuesque
 turbulent
 lithe

60 intense
 cumbersome
 austere
 garish

61 impeccable
 amended
 enhanced
 adequate

62 threadbare
 faded
 lacklustre
 dishevelled

63 verbose
 banal
 conventional
 demanding

64 debilitate
 implicate
 restrict
 dodder

EXAMPLE
 mother a
 my hat
 head
 wears
 pink

65 ours of
 party need
 the I
 details
 the

66 in dangerous
 to from
 dark play
 is it
 the

67 too went
 during holidays
 the quickly
 time
 sun

68 would past
 about to
 his songs
 likes write
 Pete

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						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 6

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"/>	25 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	26 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	27 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	28 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	29 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	30 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
31 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	32 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>						

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.

EXAMPLE

r	?	?	g	?
u <input type="checkbox"/>	u <input checked="" type="checkbox"/>	s <input type="checkbox"/>		
o <input checked="" type="checkbox"/>	f <input type="checkbox"/>	e <input type="checkbox"/>		
a <input type="checkbox"/>	o <input type="checkbox"/>	h <input checked="" type="checkbox"/>		

33

h	?	s	h	?	?
o <input type="checkbox"/>				i <input type="checkbox"/>	r <input type="checkbox"/>
a <input type="checkbox"/>				y <input type="checkbox"/>	d <input type="checkbox"/>
u <input type="checkbox"/>				e <input type="checkbox"/>	r <input type="checkbox"/>

34

b	?	?	y
o <input type="checkbox"/>	r <input type="checkbox"/>		
e <input type="checkbox"/>	g <input type="checkbox"/>		
a <input type="checkbox"/>	n <input type="checkbox"/>		

35 ? n e r ? ? ? i c

a		j		i		d	
e		g		e		s	
i		y		a		t	

36 ? l o ? s y

s		d	
b		s	
g		r	

37 ? r d ? o ? s

e		r		s	
o		u		a	
a		i		u	

38 b o ? u ?

r		n	
n		r	
g		s	

39 ? e m u r ?

d		y	
l		e	
f		s	

40 a f ? a b ? ?

e		e		l	
r		l		r	
f		a		e	

41 ? t e ? n

s		e	
a		n	
e		r	

42 ? o o ? ? i n ?

d		n		h		e	
g		m		n		t	
s		t		r		g	

43 ? a t ? e

s		r	
d		l	
m		t	

44 ? i ? ? r ? b u t e

d		n		o		u	
r		s		r		i	
g		m		t		e	

EXAMPLE

freckle	<input type="checkbox"/>
smudge	<input type="checkbox"/>
spot	<input checked="" type="checkbox"/>
see	<input type="checkbox"/>

45

favour	<input type="checkbox"/>
show	<input type="checkbox"/>
present	<input type="checkbox"/>
prize	<input type="checkbox"/>

46

intention	<input type="checkbox"/>
reason	<input type="checkbox"/>
imagine	<input type="checkbox"/>
end	<input type="checkbox"/>

47

catch	<input type="checkbox"/>
problem	<input type="checkbox"/>
difficulty	<input type="checkbox"/>
clutch	<input type="checkbox"/>

48

abyss	<input type="checkbox"/>
ravine	<input type="checkbox"/>
gorge	<input type="checkbox"/>
guzzle	<input type="checkbox"/>

49

direct	<input type="checkbox"/>
aim	<input type="checkbox"/>
open	<input type="checkbox"/>
steer	<input type="checkbox"/>

50

supply	<input type="checkbox"/>
yield	<input type="checkbox"/>
succumb	<input type="checkbox"/>
comply	<input type="checkbox"/>

51

greedy	<input type="checkbox"/>
average	<input type="checkbox"/>
mean	<input type="checkbox"/>
stingy	<input type="checkbox"/>

52

comfortable	<input type="checkbox"/>
stuffing	<input type="checkbox"/>
packing	<input type="checkbox"/>
content	<input type="checkbox"/>

53

object	<input type="checkbox"/>
entity	<input type="checkbox"/>
challenge	<input type="checkbox"/>
oppose	<input type="checkbox"/>

54

drawn	<input type="checkbox"/>
wasted	<input type="checkbox"/>
painted	<input type="checkbox"/>
worn	<input type="checkbox"/>

EXAMPLE

tiny	<input checked="" type="checkbox"/>
strong	<input type="checkbox"/>
large	<input type="checkbox"/>
soft	<input type="checkbox"/>

55

maternal	<input type="checkbox"/>
gregarious	<input type="checkbox"/>
gleeful	<input type="checkbox"/>
whimsical	<input type="checkbox"/>

56

aghast	<input type="checkbox"/>
composed	<input type="checkbox"/>
cautious	<input type="checkbox"/>
apprehensive	<input type="checkbox"/>

57

sabotage	<input type="checkbox"/>
shatter	<input type="checkbox"/>
incision	<input type="checkbox"/>
jagged	<input type="checkbox"/>

58

tempestuous	<input type="checkbox"/>
spiteful	<input type="checkbox"/>
prohibited	<input type="checkbox"/>
corrupt	<input type="checkbox"/>

59

vibrant	<input type="checkbox"/>
pigment	<input type="checkbox"/>
veneer	<input type="checkbox"/>
mauve	<input type="checkbox"/>

60

authentic	<input type="checkbox"/>
honourable	<input type="checkbox"/>
uniform	<input type="checkbox"/>
reciprocal	<input type="checkbox"/>

61

poise	<input type="checkbox"/>
composure	<input type="checkbox"/>
lavish	<input type="checkbox"/>
clemency	<input type="checkbox"/>

62

superfluous	<input type="checkbox"/>
wasteful	<input type="checkbox"/>
plentiful	<input type="checkbox"/>
extravagant	<input type="checkbox"/>

63

inferior	<input type="checkbox"/>
extol	<input type="checkbox"/>
belittle	<input type="checkbox"/>
sullen	<input type="checkbox"/>

64

conventional	<input type="checkbox"/>
unorthodox	<input type="checkbox"/>
fascinating	<input type="checkbox"/>
enticing	<input type="checkbox"/>

65

substantial	<input type="checkbox"/>
precarious	<input type="checkbox"/>
disintegrate	<input type="checkbox"/>
decrepit	<input type="checkbox"/>

66

feverish	<input type="checkbox"/>
nauseous	<input type="checkbox"/>
frail	<input type="checkbox"/>
venerable	<input type="checkbox"/>

67

amity	<input type="checkbox"/>
confidant	<input type="checkbox"/>
colleague	<input type="checkbox"/>
neighbour	<input type="checkbox"/>

68

debrief	<input type="checkbox"/>
retort	<input type="checkbox"/>
perceptive	<input type="checkbox"/>
accomplish	<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"/>
[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 7

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"/>	25 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	26 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	27 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	28 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	29 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	30 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>

In questions 31-40, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

EXAMPLE

r	?	?	g	?	
u	<input type="checkbox"/>	u	<input type="checkbox"/>	s	<input type="checkbox"/>
o	<input type="checkbox"/>	f	<input type="checkbox"/>	e	<input type="checkbox"/>
a	<input type="checkbox"/>	o	<input type="checkbox"/>	h	<input type="checkbox"/>

31 ? p ? r s ?

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

32 h ? ? t e ?

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

33 ? n ? ? v ? l

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

34 ? w ? ? a r d

a	<input type="checkbox"/>	c	<input type="checkbox"/>	k	<input type="checkbox"/>
e	<input type="checkbox"/>	k	<input type="checkbox"/>	d	<input type="checkbox"/>
o	<input type="checkbox"/>	d	<input type="checkbox"/>	w	<input type="checkbox"/>

35 u ? r u ? ?

m	<input type="checkbox"/>	l	<input type="checkbox"/>	r	<input type="checkbox"/>
p	<input type="checkbox"/>	k	<input type="checkbox"/>	a	<input type="checkbox"/>
n	<input type="checkbox"/>	g	<input type="checkbox"/>	e	<input type="checkbox"/>
		y	<input type="checkbox"/>		

36 ? ? u g ? l

p	h		e
f	e		a
g	r		u

37 ? i z ? n ? ?

v		i		n	e
r		a		e	n
w		e		i	d

38 h a p ? ? ? s

	n	i	e
	p	e	s
	l	u	r

39 t ? a ? ? ? y

h		d	e	l
e		g	a	d
r		j	i	n

40 c o ? ? l ?

	n	m	y
	m	e	e
	v	n	i

EXAMPLE

teacher	<input type="checkbox"/>
doctor	<input type="checkbox"/>
hospital	<input checked="" type="checkbox"/>
firefighter	<input type="checkbox"/>

41

free	<input type="checkbox"/>
remain	<input type="checkbox"/>
rescue	<input type="checkbox"/>
release	<input type="checkbox"/>

42

violin	<input type="checkbox"/>
guitar	<input type="checkbox"/>
banjo	<input type="checkbox"/>
mandolin	<input type="checkbox"/>

43

cygnet	<input type="checkbox"/>
tadpole	<input type="checkbox"/>
sow	<input type="checkbox"/>
gosling	<input type="checkbox"/>

44

utter	<input type="checkbox"/>
whisper	<input type="checkbox"/>
mumble	<input type="checkbox"/>
murmur	<input type="checkbox"/>

45

square	<input type="checkbox"/>
triangle	<input type="checkbox"/>
rhombus	<input type="checkbox"/>
rectangle	<input type="checkbox"/>

46

twin	<input type="checkbox"/>
pair	<input type="checkbox"/>
couple	<input type="checkbox"/>
triple	<input type="checkbox"/>

47

gate	<input type="checkbox"/>
fence	<input type="checkbox"/>
wall	<input type="checkbox"/>
railing	<input type="checkbox"/>

48

respond	<input type="checkbox"/>
answer	<input type="checkbox"/>
question	<input type="checkbox"/>
reply	<input type="checkbox"/>

49

race	<input type="checkbox"/>
advance	<input type="checkbox"/>
rush	<input type="checkbox"/>
hurry	<input type="checkbox"/>

50

university	<input type="checkbox"/>
library	<input type="checkbox"/>
college	<input type="checkbox"/>
school	<input type="checkbox"/>

EXAMPLE

tiny	<input checked="" type="checkbox"/>
strong	<input type="checkbox"/>
large	<input type="checkbox"/>
soft	<input type="checkbox"/>

51

haunting	<input type="checkbox"/>
apparition	<input type="checkbox"/>
enchantment	<input type="checkbox"/>
hallucination	<input type="checkbox"/>

52

defective	<input type="checkbox"/>
unsatisfactory	<input type="checkbox"/>
rancid	<input type="checkbox"/>
incorrect	<input type="checkbox"/>

53

discreet	<input type="checkbox"/>
covert	<input type="checkbox"/>
restrained	<input type="checkbox"/>
tactful	<input type="checkbox"/>

54

ally	<input type="checkbox"/>
devoted	<input type="checkbox"/>
intuitive	<input type="checkbox"/>
supportive	<input type="checkbox"/>

55

observant	<input type="checkbox"/>
orderly	<input type="checkbox"/>
meticulous	<input type="checkbox"/>
immaculate	<input type="checkbox"/>

56

catastrophe	<input type="checkbox"/>
outrage	<input type="checkbox"/>
treachery	<input type="checkbox"/>
peril	<input type="checkbox"/>

57

vicarious	<input type="checkbox"/>
sluggish	<input type="checkbox"/>
awkward	<input type="checkbox"/>
dexterous	<input type="checkbox"/>

58

exasperate	<input type="checkbox"/>
irate	<input type="checkbox"/>
furious	<input type="checkbox"/>
resent	<input type="checkbox"/>

59

succeed	<input type="checkbox"/>
quell	<input type="checkbox"/>
foil	<input type="checkbox"/>
surpass	<input type="checkbox"/>

60

malice	<input type="checkbox"/>
fray	<input type="checkbox"/>
thwart	<input type="checkbox"/>
vanquish	<input type="checkbox"/>

61

sorrow	<input type="checkbox"/>
remorse	<input type="checkbox"/>
anguish	<input type="checkbox"/>
penalty	<input type="checkbox"/>

62

loathsome	<input type="checkbox"/>
pensive	<input type="checkbox"/>
temperamental	<input type="checkbox"/>
dour	<input type="checkbox"/>

63

solemn	<input type="checkbox"/>
wistful	<input type="checkbox"/>
sage	<input type="checkbox"/>
studious	<input type="checkbox"/>

64

aspiration	<input type="checkbox"/>
ambitious	<input type="checkbox"/>
intention	<input type="checkbox"/>
optimistic	<input type="checkbox"/>

In questions 65-68, 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 p ? t	
s <input type="checkbox"/> a <input checked="" type="checkbox"/>	i <input type="checkbox"/>
c <input checked="" type="checkbox"/> e <input type="checkbox"/>	y <input type="checkbox"/>
k <input type="checkbox"/> o <input type="checkbox"/>	e <input checked="" type="checkbox"/>

65 d ? e ? ?

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

66 c ? ? ? t

r <input type="checkbox"/>	i <input type="checkbox"/> p <input type="checkbox"/>
l <input type="checkbox"/>	e <input type="checkbox"/> t <input type="checkbox"/>
h <input type="checkbox"/>	y <input type="checkbox"/> n <input type="checkbox"/>

67 b ? ? ? ?

o <input type="checkbox"/>	o <input type="checkbox"/> h <input type="checkbox"/> h <input type="checkbox"/>
u <input type="checkbox"/>	e <input type="checkbox"/> s <input type="checkbox"/> w <input type="checkbox"/>
l <input type="checkbox"/>	u <input type="checkbox"/> g <input type="checkbox"/> s <input type="checkbox"/>

68 ? ? r ? e

i <input type="checkbox"/>	e <input type="checkbox"/> y <input type="checkbox"/>
e <input type="checkbox"/>	i <input type="checkbox"/> r <input type="checkbox"/>
h <input type="checkbox"/>	y <input type="checkbox"/> i <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"/>	January <input type="checkbox"/>	2001 <input type="checkbox"/>
<input type="text"/>	February <input type="checkbox"/>	2002 <input type="checkbox"/>
<input type="text"/>	March <input type="checkbox"/>	2003 <input type="checkbox"/>
<input type="text"/>	April <input type="checkbox"/>	2004 <input type="checkbox"/>
<input type="text"/>	May <input type="checkbox"/>	2005 <input type="checkbox"/>
<input type="text"/>	June <input type="checkbox"/>	2006 <input type="checkbox"/>
<input type="text"/>	July <input type="checkbox"/>	2007 <input type="checkbox"/>
<input type="text"/>	August <input type="checkbox"/>	2008 <input type="checkbox"/>
<input type="text"/>	September <input type="checkbox"/>	2009 <input type="checkbox"/>
<input type="text"/>	October <input type="checkbox"/>	2010 <input type="checkbox"/>
<input type="text"/>	November <input type="checkbox"/>	2011 <input type="checkbox"/>
<input type="text"/>	December <input type="checkbox"/>	2012 <input type="checkbox"/>

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 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"/>
--	--	--	--	--	--	--	--	--	---

In questions 11-25, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

11 ? ? x t ? r e s t <input type="checkbox"/> i <input type="checkbox"/> f <input type="checkbox"/> e <input type="checkbox"/> m <input type="checkbox"/> a <input type="checkbox"/>	12 ? ? l d ? r w <input type="checkbox"/> i <input type="checkbox"/> b <input type="checkbox"/> a <input type="checkbox"/> m <input type="checkbox"/> e <input type="checkbox"/>	13 ? ? ? f t c <input type="checkbox"/> a <input type="checkbox"/> i <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> a <input type="checkbox"/> k <input type="checkbox"/> h <input type="checkbox"/> e <input type="checkbox"/>
14 ? r e s ? ? ? i n g f <input type="checkbox"/> d <input type="checkbox"/> p <input type="checkbox"/>	15 ? e r s ? ? i l i t y v <input type="checkbox"/> b <input type="checkbox"/> p <input type="checkbox"/>	
16 ? ? ? l e k <input type="checkbox"/> c <input type="checkbox"/> e <input type="checkbox"/> s <input type="checkbox"/> k <input type="checkbox"/> o <input type="checkbox"/> c <input type="checkbox"/> h <input type="checkbox"/> a <input type="checkbox"/>	17 ? e ? ? o n l <input type="checkbox"/> r <input type="checkbox"/> g <input type="checkbox"/>	18 ? o n ? i n ? e k <input type="checkbox"/> c <input type="checkbox"/> s <input type="checkbox"/>
19 ? e n ? ? ? y l <input type="checkbox"/> p <input type="checkbox"/> c <input type="checkbox"/>	20 ? e t ? o ? ? s <input type="checkbox"/> p <input type="checkbox"/> m <input type="checkbox"/>	
21 ? ? n s i ? t ? n t m <input type="checkbox"/> o <input type="checkbox"/> k <input type="checkbox"/> e <input type="checkbox"/> c <input type="checkbox"/> i <input type="checkbox"/>	22 ? u ? e r ? ? r c <input type="checkbox"/> s <input type="checkbox"/> t <input type="checkbox"/>	
23 c ? ? ? ? n d h <input type="checkbox"/> o <input type="checkbox"/> m <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> m <input type="checkbox"/> n <input type="checkbox"/> a <input type="checkbox"/> o <input type="checkbox"/> n <input type="checkbox"/> r <input type="checkbox"/> o <input type="checkbox"/>	24 ? ? ? e n s i ? e r <input type="checkbox"/> x <input type="checkbox"/> p <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> d <input type="checkbox"/> i <input type="checkbox"/> s <input type="checkbox"/> t <input type="checkbox"/>	25 f ? ? ? h r <input type="checkbox"/> t <input type="checkbox"/> c <input type="checkbox"/> i <input type="checkbox"/> a <input type="checkbox"/> s <input type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/> t <input type="checkbox"/>

26 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	27 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	28 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	29 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	EXAMPLE tiny <input type="checkbox"/> strong <input type="checkbox"/> large <input type="checkbox"/> soft <input type="checkbox"/>	30 insolent <input type="checkbox"/> reckless <input type="checkbox"/> negligent <input type="checkbox"/> shameful <input type="checkbox"/>	31 harmonious <input type="checkbox"/> piercing <input type="checkbox"/> sonorous <input type="checkbox"/> booming <input type="checkbox"/>
---	---	---	---	---	--	--

32

sophisticated	<input type="checkbox"/>
dignified	<input type="checkbox"/>
genteel	<input type="checkbox"/>
suave	<input type="checkbox"/>

33

diligent	<input type="checkbox"/>
lethargic	<input type="checkbox"/>
competent	<input type="checkbox"/>
proficient	<input type="checkbox"/>

34

withered	<input type="checkbox"/>
grotesque	<input type="checkbox"/>
disgraceful	<input type="checkbox"/>
unpleasant	<input type="checkbox"/>

35

haughty	<input type="checkbox"/>
overbearing	<input type="checkbox"/>
conceited	<input type="checkbox"/>
flamboyant	<input type="checkbox"/>

36

prosperous	<input type="checkbox"/>
thriving	<input type="checkbox"/>
fortuitous	<input type="checkbox"/>
abundance	<input type="checkbox"/>

37

content	<input type="checkbox"/>
vicarious	<input type="checkbox"/>
mellow	<input type="checkbox"/>
submissive	<input type="checkbox"/>

In questions 38-49, 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	p	?	t
s	a			i	
c	e			y	
k	o			e	

38

r	?	a	?
e		m	
o		n	
h		d	

39

?	?	?	s	?	l	e
t	r	e		l		
w	h	u		t		
r	e	a		h		

40

?	l	?	?	f
e		o	e	
u		e	o	
a		l	r	

41

b	?	?	?	e
a	y	j		
i	e	d		
e	i	g		

42

?	?	s	?	a	c	?	e
o	r		r			h	
h	b		t			l	
u	o		b			k	

43

v	?	n	?	?
e		y	u	
u		n	e	
i		u	o	

44

?	e	?	?	?	t
l		s	e	n	
r		c	a	r	
g		n	i	t	

45

?	e	?	?	m
f		m	e	
s		n	u	
v		r	o	

46

?	?	o	r	?
s	l			y
v	o			i
g	r			e

47

?	?	?	t	?	o	n
s	h	a		o		
t	a	u		y		
c	u	e		i		

48

c	o	l	?	?	?
			l	u	n
			e	r	m
			u	m	e

49

f	?	?	s	?	o
e	a			k	
a	i			r	
i	y			c	

EXAMPLE

angry	<input type="checkbox"/>
wild	<input checked="" type="checkbox"/>
strong	<input type="checkbox"/>
calm	<input type="checkbox"/>

50

fastidious	<input type="checkbox"/>
callous	<input type="checkbox"/>
uncouth	<input type="checkbox"/>
surly	<input type="checkbox"/>

51

deficient	<input type="checkbox"/>
incomplete	<input type="checkbox"/>
senseless	<input type="checkbox"/>
pithy	<input type="checkbox"/>

52

introverted	<input type="checkbox"/>
courageous	<input type="checkbox"/>
egotistical	<input type="checkbox"/>
sanguine	<input type="checkbox"/>

53

conspicuous	<input type="checkbox"/>
blatant	<input type="checkbox"/>
overwhelming	<input type="checkbox"/>
solitary	<input type="checkbox"/>

54

intricate	<input type="checkbox"/>
linear	<input type="checkbox"/>
orthodox	<input type="checkbox"/>
comprehensive	<input type="checkbox"/>

55

timid	<input type="checkbox"/>
discourteous	<input type="checkbox"/>
candid	<input type="checkbox"/>
scrupulous	<input type="checkbox"/>

56

fatigued	<input type="checkbox"/>
dormant	<input type="checkbox"/>
weary	<input type="checkbox"/>
tiresome	<input type="checkbox"/>

57

avaricious	<input type="checkbox"/>
imprudent	<input type="checkbox"/>
cordial	<input type="checkbox"/>
malicious	<input type="checkbox"/>

58

disagree	<input type="checkbox"/>
veto	<input type="checkbox"/>
restrict	<input type="checkbox"/>
impassable	<input type="checkbox"/>

59

ravenous	<input type="checkbox"/>
vicarious	<input type="checkbox"/>
fastidious	<input type="checkbox"/>
circumspect	<input type="checkbox"/>

60

formidable	<input type="checkbox"/>
manifest	<input type="checkbox"/>
sequestered	<input type="checkbox"/>
strenuous	<input type="checkbox"/>

61

tactful	<input type="checkbox"/>
lenient	<input type="checkbox"/>
considerate	<input type="checkbox"/>
chivalrous	<input type="checkbox"/>

62

inquisitive	<input type="checkbox"/>
abrupt	<input type="checkbox"/>
scrupulous	<input type="checkbox"/>
stringent	<input type="checkbox"/>

63

agitated	<input type="checkbox"/>
intolerant	<input type="checkbox"/>
disturbed	<input type="checkbox"/>
belligerent	<input type="checkbox"/>

EXAMPLE

mother	<input type="checkbox"/>	hat	<input type="checkbox"/>
my	<input type="checkbox"/>		
head	<input checked="" type="checkbox"/>		
wears	<input type="checkbox"/>		
pink	<input type="checkbox"/>		
a	<input type="checkbox"/>		

64

to	<input type="checkbox"/>	Cho	<input type="checkbox"/>
it	<input type="checkbox"/>	pasta	<input type="checkbox"/>
hates	<input type="checkbox"/>	so	<input type="checkbox"/>
cook	<input type="checkbox"/>	eating	<input type="checkbox"/>
likes	<input type="checkbox"/>		
but	<input type="checkbox"/>		

65

am	<input type="checkbox"/>	I	<input type="checkbox"/>
that	<input type="checkbox"/>	says	<input type="checkbox"/>
is	<input type="checkbox"/>	she	<input type="checkbox"/>
but	<input type="checkbox"/>	she	<input type="checkbox"/>
slight	<input type="checkbox"/>	awful	<input type="checkbox"/>
worse	<input type="checkbox"/>		

66

to	<input type="checkbox"/>	we	<input type="checkbox"/>
checked	<input type="checkbox"/>	the	<input type="checkbox"/>
suitcase	<input type="checkbox"/>	we	<input type="checkbox"/>
Japan	<input type="checkbox"/>	our	<input type="checkbox"/>
trip	<input type="checkbox"/>	before	<input type="checkbox"/>
booked	<input type="checkbox"/>	forecast	<input type="checkbox"/>

67

run	<input type="checkbox"/>	early	<input type="checkbox"/>
because	<input type="checkbox"/>	set	<input type="checkbox"/>
I	<input type="checkbox"/>	my	<input type="checkbox"/>
I	<input type="checkbox"/>	late	<input type="checkbox"/>
clocks	<input type="checkbox"/>	soon	<input type="checkbox"/>
always	<input type="checkbox"/>		

68

who	<input type="checkbox"/>	the	<input type="checkbox"/>
to	<input type="checkbox"/>	outside	<input type="checkbox"/>
used	<input type="checkbox"/>	know	<input type="checkbox"/>
by	<input type="checkbox"/>	someone	<input type="checkbox"/>
lived	<input type="checkbox"/>	sea	<input type="checkbox"/>
we	<input type="checkbox"/>		