

**SAMPLE 11+ ASSESSMENT TEST
FOR CEM (DURHAM UNIVERSITY) TESTS
— NON-VERBAL REASONING**

Pupil's name:

Test date:

School name:

Please mark like this:

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]

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

SECTION 1

EXAMPLE
a
b
c
d

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

SECTION 2

EXAMPLE
a
b
c
d
e

1 a
b
c
d
e

2 a
b
c
d
e

3 a
b
c
d
e

4 a
b
c
d
e

5 a
b
c
d
e

6 a
b
c
d
e

7 a
b
c
d
e

8 a
b
c
d
e

9 a
b
c
d
e

10 a
b
c
d
e

SECTION 3

EXAMPLE

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

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"/>

SECTION 4

EXAMPLE

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

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"/>

SECTION 5

EXAMPLE

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

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"/>