

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"/>
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Please mark like this:

TEST 1

<p>EXAMPLE</p> <p>8 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p> <p>11 <input type="checkbox"/></p> <p>12 <input checked="" type="checkbox"/></p> <p>15 <input type="checkbox"/></p>	<p>1</p> <p>16 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p>	<p>2</p> <p>10 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p>	<p>3</p> <p>7 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p>	<p>4</p> <p>11 <input type="checkbox"/></p> <p>13 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p>	<p>5</p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p>	<p>6</p> <p>4251 <input type="checkbox"/></p> <p>5234 <input type="checkbox"/></p> <p>5142 <input type="checkbox"/></p> <p>4351 <input type="checkbox"/></p> <p>4325 <input type="checkbox"/></p>	<p>7</p> <p>1264 <input type="checkbox"/></p> <p>1624 <input type="checkbox"/></p> <p>6214 <input type="checkbox"/></p> <p>2641 <input type="checkbox"/></p> <p>1426 <input type="checkbox"/></p>	<p>8</p> <p>ROTA <input type="checkbox"/></p> <p>TORE <input type="checkbox"/></p> <p>NEAR <input type="checkbox"/></p> <p>EARN <input type="checkbox"/></p> <p>TEAR <input type="checkbox"/></p>	<p>9</p> <p>1542 <input type="checkbox"/></p> <p>6241 <input type="checkbox"/></p> <p>6245 <input type="checkbox"/></p> <p>6315 <input type="checkbox"/></p> <p>1536 <input type="checkbox"/></p>	<p>10</p> <p>4615 <input type="checkbox"/></p> <p>5416 <input type="checkbox"/></p> <p>6235 <input type="checkbox"/></p> <p>5146 <input type="checkbox"/></p> <p>4126 <input type="checkbox"/></p>	<p>11</p> <p>SLAP <input type="checkbox"/></p> <p>ARMS <input type="checkbox"/></p> <p>RATS <input type="checkbox"/></p> <p>LAST <input type="checkbox"/></p> <p>SLAM <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>blow <input type="checkbox"/></p> <p>high <input type="checkbox"/></p> <p>blue <input checked="" type="checkbox"/></p> <p>sky <input type="checkbox"/></p> <p>bell <input checked="" type="checkbox"/></p> <p>shoe <input type="checkbox"/></p>
<p>12</p> <p>cube <input type="checkbox"/></p> <p>jam <input type="checkbox"/></p> <p>jelly <input type="checkbox"/></p> <p>sugar <input type="checkbox"/></p> <p>sweet <input type="checkbox"/></p> <p>fish <input type="checkbox"/></p>	<p>13</p> <p>bag <input type="checkbox"/></p> <p>key <input type="checkbox"/></p> <p>dig <input type="checkbox"/></p> <p>tea <input type="checkbox"/></p> <p>hole <input type="checkbox"/></p> <p>age <input type="checkbox"/></p>	<p>14</p> <p>tell <input type="checkbox"/></p> <p>clock <input type="checkbox"/></p> <p>watch <input type="checkbox"/></p> <p>wise <input type="checkbox"/></p> <p>off <input type="checkbox"/></p> <p>back <input type="checkbox"/></p>	<p>15</p> <p>ball <input type="checkbox"/></p> <p>deep <input type="checkbox"/></p> <p>pass <input type="checkbox"/></p> <p>port <input type="checkbox"/></p> <p>kick <input type="checkbox"/></p> <p>by <input type="checkbox"/></p>									
<p>16</p> <p>note <input type="checkbox"/></p> <p>house <input type="checkbox"/></p> <p>side <input type="checkbox"/></p> <p>able <input type="checkbox"/></p> <p>made <input type="checkbox"/></p> <p>work <input type="checkbox"/></p>	<p>17</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>18</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input checked="" type="checkbox"/></p>	<p>19</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>20</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>							
<p>21</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>22</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>23</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>freckle <input type="checkbox"/></p> <p>smudge <input type="checkbox"/></p> <p>spot <input checked="" type="checkbox"/></p> <p>detect <input type="checkbox"/></p> <p>see <input type="checkbox"/></p>	<p>24</p> <p>goal <input type="checkbox"/></p> <p>aim <input type="checkbox"/></p> <p>motive <input type="checkbox"/></p> <p>train <input type="checkbox"/></p> <p>guide <input type="checkbox"/></p>	<p>25</p> <p>drop <input type="checkbox"/></p> <p>sewer <input type="checkbox"/></p> <p>gutter <input type="checkbox"/></p> <p>ditch <input type="checkbox"/></p> <p>leave <input type="checkbox"/></p>	<p>26</p> <p>bonus <input type="checkbox"/></p> <p>donation <input type="checkbox"/></p> <p>skill <input type="checkbox"/></p> <p>flair <input type="checkbox"/></p> <p>gift <input type="checkbox"/></p>						
<p>27</p> <p>way <input type="checkbox"/></p> <p>chase <input type="checkbox"/></p> <p>passage <input type="checkbox"/></p> <p>track <input type="checkbox"/></p> <p>follow <input type="checkbox"/></p>	<p>28</p> <p>rule <input type="checkbox"/></p> <p>act <input type="checkbox"/></p> <p>govern <input type="checkbox"/></p> <p>order <input type="checkbox"/></p> <p>command <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>RAT <input type="checkbox"/></p> <p>RUN <input type="checkbox"/></p> <p>ROW <input type="checkbox"/></p> <p>RUG <input type="checkbox"/></p> <p>RAG <input checked="" type="checkbox"/></p>	<p>29</p> <p>BAR <input type="checkbox"/></p> <p>CAR <input type="checkbox"/></p> <p>CUT <input type="checkbox"/></p> <p>CAN <input type="checkbox"/></p> <p>PAL <input type="checkbox"/></p>	<p>30</p> <p>RIB <input type="checkbox"/></p> <p>RID <input type="checkbox"/></p> <p>RUB <input type="checkbox"/></p> <p>RAT <input type="checkbox"/></p> <p>EBB <input type="checkbox"/></p>	<p>31</p> <p>HIT <input type="checkbox"/></p> <p>HUT <input type="checkbox"/></p> <p>HIP <input type="checkbox"/></p> <p>HID <input type="checkbox"/></p> <p>HIM <input type="checkbox"/></p>	<p>32</p> <p>SAY <input type="checkbox"/></p> <p>CAR <input type="checkbox"/></p> <p>CAT <input type="checkbox"/></p> <p>CAP <input type="checkbox"/></p> <p>CUP <input type="checkbox"/></p>						
<p>33</p> <p>AWE <input type="checkbox"/></p> <p>FOR <input type="checkbox"/></p> <p>ORE <input type="checkbox"/></p> <p>BUY <input type="checkbox"/></p> <p>ATE <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>QT <input checked="" type="checkbox"/></p> <p>RT <input type="checkbox"/></p> <p>QR <input type="checkbox"/></p> <p>RS <input type="checkbox"/></p> <p>TQ <input type="checkbox"/></p>	<p>34</p> <p>LM <input type="checkbox"/></p> <p>KV <input type="checkbox"/></p> <p>KM <input type="checkbox"/></p> <p>KU <input type="checkbox"/></p> <p>LU <input type="checkbox"/></p>	<p>35</p> <p>QP <input type="checkbox"/></p> <p>SR <input type="checkbox"/></p> <p>RS <input type="checkbox"/></p> <p>RQ <input type="checkbox"/></p> <p>QR <input type="checkbox"/></p>	<p>36</p> <p>PK <input type="checkbox"/></p> <p>KQ <input type="checkbox"/></p> <p>KP <input type="checkbox"/></p> <p>ML <input type="checkbox"/></p> <p>LM <input type="checkbox"/></p>	<p>37</p> <p>PN <input type="checkbox"/></p> <p>QO <input type="checkbox"/></p> <p>QK <input type="checkbox"/></p> <p>PK <input type="checkbox"/></p> <p>QL <input type="checkbox"/></p>	<p>38</p> <p>LO <input type="checkbox"/></p> <p>LM <input type="checkbox"/></p> <p>KP <input type="checkbox"/></p> <p>JO <input type="checkbox"/></p> <p>JM <input type="checkbox"/></p>						

EXAMPLE

brush dirty
clean fresh
wash pure

39

worn overdue
infirm youthful
ancient small

40

illness gold
hunger wealth
poverty castle

41

early backward
initial previous
before delayed

42

daring risky
brave safe
dangerous careless

43

stir separate
join mix
tangle organise

EXAMPLE

16
15
12
10
9

44

10
11
8
9
12

45

2
1
3
4
5

46

10
12
13
14
15

47

15
21
16
12
18

48

2
6
8
4
10

EXAMPLE

teacher
doctor
hospital
firefighter
lesson

49

hail
snow
sleet
fog
wind

50

laugh
cry
weep
sob
chuckle

51

barn
stable
house
cottage
sty

52

tongue
cheek
gum
nose
teeth

53

candle
torch
beam
ray
lamp

54

leopard
lion
tiger
monkey
elephant

55

stable
saddle
rein
jockey
stirrup

EXAMPLE

weak tiny
soft strong
small large

56

shout sing
talk yell
say argue

57

recipe chef
cook menu
kitchen waiter

58

patient carefree
calm simple
easy sensible

59

sturdy truthful
proper reliable
honest loyal

60

solid strong
heavy impressive
sizeable huge

EXAMPLE

sop
sot
pot
tap
top

61

rot
tor
oar
tar
oat

62

darn
drab
barn
band
bran

63

lace
pace
pale
cape
leap

64

lead
held
head
heal
dale

65

shin
shun
nosh
cons
chin

EXAMPLE

Come and
and get
get your
your maths
maths books

66

We're the
the proud
proud owners
owners of
of puppies

67

When you're
you're bored
bored lessons
lessons seem
seem endless

68

On Friday
Friday we
we have
have lunch
lunch early

69

Thunder crashed
crashed and
and rumbled
rumbled loudly
loudly overhead

70

Stand over
over there
there while
while you
you wait

EXAMPLE

t
k
h
g
w

71

n
g
w
t
k

72

b
n
d
s
y

73

w
m
g
t
b

74

p
l
d
w
s

75

r
f
s
b
m

EXAMPLE

barn wool
grass farm
calf lamb

76

soil vase
green bed
patch bouquet

77

write scribble
ink wood
cage lead

78

pond caterpillar
tadpole wings
croak flower

79

black drink
mine tap
fire soap

80

milk pot
drink leaf
bean bag

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

Please mark like this:

TEST 2

EXAMPLE

weak tiny

soft strong

small large

1

excited laughing

nervous clapping

happy pleased

2

desk chair

bookcase table

shelf wardrobe

3

paper paint

pad sketch

draw easel

4

deck sail

mast dinghy

yacht port

5

flee embark

escape leave

depart vanish

EXAMPLE

24

18

16

28

26

6

10

6

8

5

11

7

0

5

3

4

1

8

20

15

16

18

14

9

7

5

3

9

8

10

8

9

12

11

10

11

11

10

16

15

13

12

5264

5436

2564

2645

2456

13

1326

6421

1264

5214

1236

14

FOAL

LOSS

GOLF

LAGS

LOAF

15

3142

3542

1342

1534

3214

16

1452

4256

1435

1542

4153

17

AXIS

TAXI

SATE

SITE

TIES

18

Aaron

Parvati

Amy

Robin

Zoe

19

Mark

Megan

Joe

Ravi

Grace

EXAMPLE

k

g

r

s

n

20

w

r

p

t

b

21

p

k

l

d

n

22

s

w

t

h

e

23

k

m

d

w

y

24

m

e

f

l

c

EXAMPLE

top

tap

sop

sot

pot

25

ooze

nose

zoos

zone

soon

26

fool

wool

flow

wolf

fowl

27

male

fame

meal

fade

28

posh

ship

slip

soil

slop

29

silo

fish

hoof

fool

solo

EXAMPLE

Come and get

and get

get your

your maths

maths books

30

Dad earns

more money

more money

money by

by singing

31

The fifth

fifth owl

owl I

I saw

saw hooted

32

You must

must sit

sit down

down extremely

extremely carefully

33

At school

school we're

we're not

not allowed

allowed crisps

34

Be careful

careful lining

lining up

up your

your work

EXAMPLE

15

16

20

12

13

35

19

3

39

2

4

36

8

14

6

10

24

37

5

32

11

24

26

38

35

23

20

16

27

39

50

5

15

25

30

EXAMPLE

teacher

doctor

hospital

firefighter

lesson

40

strike

free

remain

rescue

release

41

trumpet

violin

guitar

harp

trombone

42

lamb

calf

pig

horse

foal

43

whisper

mumble

talk

mutter

chat

44

frown

grin

glare

scowl

smile

45

accept

bring

deliver

receive

get

46

lecturer

tutor

helper

assistant

teacher

EXAMPLE

g

r

o

o

m

47

p

r

i

n

t

48

c

l

o

t

h

49

c

l

o

u

d

50

g

r

a

i

n

51

p

r

o

u

d

EXAMPLE

barn

grass

calf

wool

farm

lamb

52

foot

only

toe

tree

hand

finger

53

snake

slither

angry

fur

content

lonely

54

unlock

close

airy

lamp

beam

dark

55

piano

foot

cycle

oar

boat

water

56

blow

pipe

woodwind

strings

bow

guitar

EXAMPLE

A

B

C

D

E

57

A

B

C

D

E

58

A

B

C

D

E

59

A

B

C

D

E

60

A

B

C

D

E

61

A

B

C

D

E

EXAMPLE

ray

ash

say

ran

run

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SOON

SOUL

SOUP

SOLD

SOLE

70

CJQU

CHSS

EJQU

EHSU

EHSS

71

BEAR

IRON

BUGS

IMPS

ISLE

72

GAVE

GAME

GALE

GAIN

GAPE

73

EKQF

ENQI

AJME

AKMF

AMMH

74

A

B

C

D

E

75

A

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C

D

E

EXAMPLE

freckle

smudge

spot

detect

see

76

imprint

judge

rate

cut

mark

77

dash

nation

rush

race

type

78

favour

show

present

prize

explain

79

roll

rock

pebble

tilt

cobble

80

hair

secure

seal

plait

lock

Pupil's name: _____

Test date: _____

School name: _____

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

PUPIL NUMBER					
[0]	[0]	[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]

SCHOOL NUMBER					
[0]	[0]	[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]

Please mark like this:

TEST 3

<p>EXAMPLE</p> <p>weak <input type="checkbox"/> tiny <input checked="" type="checkbox"/></p> <p>soft <input type="checkbox"/> strong <input type="checkbox"/></p> <p>small <input checked="" type="checkbox"/> large <input type="checkbox"/></p>	<p>1</p> <p>bullet <input type="checkbox"/> barrel <input type="checkbox"/></p> <p>gun <input type="checkbox"/> fire <input type="checkbox"/></p> <p>shoot <input type="checkbox"/> target <input type="checkbox"/></p>	<p>2</p> <p>study <input type="checkbox"/> student <input type="checkbox"/></p> <p>lesson <input type="checkbox"/> learn <input type="checkbox"/></p> <p>teach <input type="checkbox"/> education <input type="checkbox"/></p>	<p>3</p> <p>nurse <input type="checkbox"/> assist <input type="checkbox"/></p> <p>help <input type="checkbox"/> doctor <input type="checkbox"/></p> <p>treat <input type="checkbox"/> cure <input type="checkbox"/></p>			
<p>4</p> <p>clear <input type="checkbox"/> plausible <input type="checkbox"/></p> <p>doubtful <input type="checkbox"/> exact <input type="checkbox"/></p> <p>definite <input type="checkbox"/> positive <input type="checkbox"/></p>	<p>5</p> <p>mean <input type="checkbox"/> rigid <input type="checkbox"/></p> <p>inflexible <input type="checkbox"/> cruel <input type="checkbox"/></p> <p>awkward <input type="checkbox"/> irritating <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>12 <input checked="" type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p>	<p>6</p> <p>3 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p>	<p>7</p> <p>10 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p>		
<p>8</p> <p>11 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p>	<p>9</p> <p>2 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p>	<p>10</p> <p>5 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>freckle <input type="checkbox"/></p> <p>smudge <input type="checkbox"/></p> <p>spot <input checked="" type="checkbox"/></p> <p>detect <input type="checkbox"/></p> <p>see <input type="checkbox"/></p>	<p>11</p> <p>goal <input type="checkbox"/></p> <p>target <input type="checkbox"/></p> <p>closing <input type="checkbox"/></p> <p>remaining <input type="checkbox"/></p> <p>end <input type="checkbox"/></p>	<p>12</p> <p>prospect <input type="checkbox"/></p> <p>view <input type="checkbox"/></p> <p>feeling <input type="checkbox"/></p> <p>belief <input type="checkbox"/></p> <p>aspect <input type="checkbox"/></p>	<p>13</p> <p>type <input type="checkbox"/></p> <p>make <input type="checkbox"/></p> <p>sort <input type="checkbox"/></p> <p>order <input type="checkbox"/></p> <p>brand <input type="checkbox"/></p>
<p>14</p> <p>state <input type="checkbox"/></p> <p>nation <input type="checkbox"/></p> <p>kingdom <input type="checkbox"/></p> <p>talk <input type="checkbox"/></p> <p>inform <input type="checkbox"/></p>	<p>15</p> <p>race <input type="checkbox"/></p> <p>gash <input type="checkbox"/></p> <p>tear <input type="checkbox"/></p> <p>split <input type="checkbox"/></p> <p>sprint <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>ran <input type="checkbox"/></p> <p>ray <input type="checkbox"/></p> <p>say <input type="checkbox"/></p> <p>ash <input checked="" type="checkbox"/></p> <p>shy <input type="checkbox"/></p>	<p>16</p> <p>cap <input type="checkbox"/></p> <p>ace <input type="checkbox"/></p> <p>rap <input type="checkbox"/></p> <p>pod <input type="checkbox"/></p> <p>pad <input type="checkbox"/></p>	<p>17</p> <p>let <input type="checkbox"/></p> <p>set <input type="checkbox"/></p> <p>led <input type="checkbox"/></p> <p>sad <input type="checkbox"/></p> <p>rat <input type="checkbox"/></p>	<p>18</p> <p>lost <input type="checkbox"/></p> <p>tall <input type="checkbox"/></p> <p>lots <input type="checkbox"/></p> <p>slot <input type="checkbox"/></p> <p>salt <input type="checkbox"/></p>	<p>19</p> <p>mode <input type="checkbox"/></p> <p>bled <input type="checkbox"/></p> <p>male <input type="checkbox"/></p> <p>base <input type="checkbox"/></p> <p>some <input type="checkbox"/></p>
<p>20</p> <p>deal <input type="checkbox"/></p> <p>veal <input type="checkbox"/></p> <p>nave <input type="checkbox"/></p> <p>lead <input type="checkbox"/></p> <p>vale <input type="checkbox"/></p>	<p>21</p> <p>lean <input type="checkbox"/></p> <p>lead <input type="checkbox"/></p> <p>deal <input type="checkbox"/></p> <p>land <input type="checkbox"/></p> <p>dale <input type="checkbox"/></p>	<p>22</p> <p>chap <input type="checkbox"/></p> <p>pain <input type="checkbox"/></p> <p>pink <input type="checkbox"/></p> <p>chin <input type="checkbox"/></p> <p>coin <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>brush <input type="checkbox"/> dirty <input checked="" type="checkbox"/></p> <p>clean <input checked="" type="checkbox"/> fresh <input type="checkbox"/></p> <p>wash <input type="checkbox"/> pure <input type="checkbox"/></p>	<p>23</p> <p>few <input type="checkbox"/> many <input type="checkbox"/></p> <p>subtract <input type="checkbox"/> extra <input type="checkbox"/></p> <p>minor <input type="checkbox"/> double <input type="checkbox"/></p>		
<p>24</p> <p>suggest <input type="checkbox"/> waste <input type="checkbox"/></p> <p>enquire <input type="checkbox"/> refuse <input type="checkbox"/></p> <p>offer <input type="checkbox"/> hint <input type="checkbox"/></p>	<p>25</p> <p>noise <input type="checkbox"/> order <input type="checkbox"/></p> <p>chaos <input type="checkbox"/> refined <input type="checkbox"/></p> <p>trouble <input type="checkbox"/> content <input type="checkbox"/></p>	<p>26</p> <p>rich <input type="checkbox"/> flawed <input type="checkbox"/></p> <p>lavish <input type="checkbox"/> inferior <input type="checkbox"/></p> <p>abundant <input type="checkbox"/> scarce <input type="checkbox"/></p>	<p>27</p> <p>convict <input type="checkbox"/> enemy <input type="checkbox"/></p> <p>hostage <input type="checkbox"/> outlaw <input type="checkbox"/></p> <p>victim <input type="checkbox"/> culprit <input type="checkbox"/></p>			
<p>EXAMPLE</p> <p>KK <input checked="" type="checkbox"/></p> <p>KL <input type="checkbox"/></p> <p>JK <input type="checkbox"/></p> <p>LL <input type="checkbox"/></p> <p>LK <input type="checkbox"/></p>	<p>28</p> <p>UJ <input type="checkbox"/></p> <p>KU <input type="checkbox"/></p> <p>JQ <input type="checkbox"/></p> <p>JU <input type="checkbox"/></p> <p>NU <input type="checkbox"/></p>	<p>29</p> <p>VV <input type="checkbox"/></p> <p>UV <input type="checkbox"/></p> <p>VT <input type="checkbox"/></p> <p>PX <input type="checkbox"/></p> <p>TV <input type="checkbox"/></p>	<p>30</p> <p>HB <input type="checkbox"/></p> <p>NB <input type="checkbox"/></p> <p>HA <input type="checkbox"/></p> <p>MA <input type="checkbox"/></p> <p>NC <input type="checkbox"/></p>	<p>31</p> <p>DG <input type="checkbox"/></p> <p>BL <input type="checkbox"/></p> <p>DK <input type="checkbox"/></p> <p>DH <input type="checkbox"/></p> <p>BH <input type="checkbox"/></p>	<p>32</p> <p>OZ <input type="checkbox"/></p> <p>NY <input type="checkbox"/></p> <p>NZ <input type="checkbox"/></p> <p>OY <input type="checkbox"/></p> <p>OA <input type="checkbox"/></p>	

33	1462 <input type="checkbox"/> 6241 <input type="checkbox"/> 4261 <input type="checkbox"/> 6421 <input type="checkbox"/> 6413 <input type="checkbox"/>	34	2541 <input type="checkbox"/> 2561 <input type="checkbox"/> 2516 <input type="checkbox"/> 5243 <input type="checkbox"/> 5261 <input type="checkbox"/>	35	WING <input type="checkbox"/> GAIN <input type="checkbox"/> RAIN <input type="checkbox"/> RING <input type="checkbox"/> GANG <input type="checkbox"/>	36	2154 <input type="checkbox"/> 2541 <input type="checkbox"/> 5241 <input type="checkbox"/> 5412 <input type="checkbox"/> 2514 <input type="checkbox"/>	37	6231 <input type="checkbox"/> 1632 <input type="checkbox"/> 1532 <input type="checkbox"/> 1523 <input type="checkbox"/> 1362 <input type="checkbox"/>	38	LAKE <input type="checkbox"/> LACK <input type="checkbox"/> LACE <input type="checkbox"/> PALE <input type="checkbox"/> PEAL <input type="checkbox"/>						
		39	Bilal <input type="checkbox"/> Akash <input type="checkbox"/> Phillip <input type="checkbox"/> Libby <input type="checkbox"/> Harriet <input type="checkbox"/>	40	Zach <input type="checkbox"/> Matthew <input type="checkbox"/> Cara <input type="checkbox"/> Ausma <input type="checkbox"/> Tim <input type="checkbox"/>	EXAMPLE	barn <input type="checkbox"/> grass <input type="checkbox"/> calf <input checked="" type="checkbox"/>	wool <input type="checkbox"/> farm <input type="checkbox"/> lamb <input checked="" type="checkbox"/>	41	drift <input type="checkbox"/> land <input type="checkbox"/> fly <input type="checkbox"/>	paddle <input type="checkbox"/> swim <input type="checkbox"/> float <input type="checkbox"/>						
42	crease <input type="checkbox"/> metal <input type="checkbox"/> ore <input type="checkbox"/>	ring <input type="checkbox"/> mine <input type="checkbox"/> mineral <input type="checkbox"/>	43	sneeze <input type="checkbox"/> numb <input type="checkbox"/> shiver <input type="checkbox"/>	steam <input type="checkbox"/> sweat <input type="checkbox"/> boil <input type="checkbox"/>	44	author <input type="checkbox"/> dictionary <input type="checkbox"/> typewriter <input type="checkbox"/>	letter <input type="checkbox"/> message <input type="checkbox"/> composer <input type="checkbox"/>	45	tactical <input type="checkbox"/> strict <input type="checkbox"/> dextrous <input type="checkbox"/>	accurate <input type="checkbox"/> complex <input type="checkbox"/> neat <input type="checkbox"/>						
EXAMPLE	blow <input type="checkbox"/> high <input type="checkbox"/> blue <input checked="" type="checkbox"/>	sky <input type="checkbox"/> bell <input checked="" type="checkbox"/> shoe <input type="checkbox"/>	46	cream <input type="checkbox"/> tea <input type="checkbox"/> black <input type="checkbox"/>	leaves <input type="checkbox"/> pot <input type="checkbox"/> bun <input type="checkbox"/>	47	at <input type="checkbox"/> in <input type="checkbox"/> an <input type="checkbox"/>	other <input type="checkbox"/> home <input type="checkbox"/> all <input type="checkbox"/>	48	lips <input type="checkbox"/> hare <input type="checkbox"/> eye <input type="checkbox"/>	net <input type="checkbox"/> lash <input type="checkbox"/> stick <input type="checkbox"/>						
49	out <input type="checkbox"/> imp <input type="checkbox"/> in <input type="checkbox"/>	ail <input type="checkbox"/> roper <input type="checkbox"/> care <input type="checkbox"/>	50	arc <input type="checkbox"/> lead <input type="checkbox"/> man <input type="checkbox"/>	angel <input type="checkbox"/> him <input type="checkbox"/> her <input type="checkbox"/>	EXAMPLE	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/>	51	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	52	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	53	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	54	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	55	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
EXAMPLE	Come and <input checked="" type="checkbox"/> and get <input type="checkbox"/> get your <input type="checkbox"/> your maths <input type="checkbox"/> maths books <input type="checkbox"/>	56	The shop <input type="checkbox"/> shop had <input type="checkbox"/> had no <input type="checkbox"/> no wire <input type="checkbox"/> wire staples <input type="checkbox"/>	57	They published <input type="checkbox"/> published nine <input type="checkbox"/> nine editions <input type="checkbox"/> editions of <input type="checkbox"/> my book <input type="checkbox"/>	58	My Dad <input type="checkbox"/> Dad ripped <input type="checkbox"/> ripped his <input type="checkbox"/> his blue <input type="checkbox"/> blue jeans <input type="checkbox"/>	59	We disagreed <input type="checkbox"/> disagreed with <input type="checkbox"/> with the <input type="checkbox"/> the old <input type="checkbox"/> old umpire <input type="checkbox"/>	60	The old <input type="checkbox"/> old farmer <input type="checkbox"/> farmer opened <input type="checkbox"/> opened the <input type="checkbox"/> the barn <input type="checkbox"/>						
EXAMPLE	tap <input type="checkbox"/> top <input checked="" type="checkbox"/> sop <input type="checkbox"/> pot <input type="checkbox"/> sot <input type="checkbox"/>	61	lone <input type="checkbox"/> nose <input type="checkbox"/> lose <input type="checkbox"/> solo <input type="checkbox"/> soon <input type="checkbox"/>	62	east <input type="checkbox"/> tear <input type="checkbox"/> star <input type="checkbox"/> oars <input type="checkbox"/> oats <input type="checkbox"/>	63	tend <input type="checkbox"/> dent <input type="checkbox"/> date <input type="checkbox"/> tent <input type="checkbox"/> neat <input type="checkbox"/>	64	ride <input type="checkbox"/> rind <input type="checkbox"/> fend <input type="checkbox"/> rend <input type="checkbox"/> fine <input type="checkbox"/>	65	bean <input type="checkbox"/> bane <input type="checkbox"/> bend <input type="checkbox"/> band <input type="checkbox"/> bead <input type="checkbox"/>						
EXAMPLE	4 <input type="checkbox"/> 60 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 15 <input type="checkbox"/>	66	14 <input type="checkbox"/> 26 <input type="checkbox"/> 5 <input type="checkbox"/> 13 <input type="checkbox"/> 15 <input type="checkbox"/>	67	11 <input type="checkbox"/> 12 <input type="checkbox"/> 22 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	68	36 <input type="checkbox"/> 12 <input type="checkbox"/> 0 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/>	69	14 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/>	70	26 <input type="checkbox"/> 14 <input type="checkbox"/> 28 <input type="checkbox"/> 15 <input type="checkbox"/> 24 <input type="checkbox"/>						
EXAMPLE	RUG <input type="checkbox"/> RAN <input type="checkbox"/> RUN <input type="checkbox"/> RAG <input checked="" type="checkbox"/> RIG <input type="checkbox"/>	71	HAY <input type="checkbox"/> LIE <input type="checkbox"/> LEE <input type="checkbox"/> EVE <input type="checkbox"/> LET <input type="checkbox"/>	72	INN <input type="checkbox"/> WIN <input type="checkbox"/> WON <input type="checkbox"/> TIN <input type="checkbox"/> TAN <input type="checkbox"/>	73	HOT <input type="checkbox"/> HIT <input type="checkbox"/> NUT <input type="checkbox"/> NOT <input type="checkbox"/> NET <input type="checkbox"/>	74	FAN <input type="checkbox"/> FIR <input type="checkbox"/> FAR <input type="checkbox"/> FOR <input type="checkbox"/> FUN <input type="checkbox"/>	75	AIM <input type="checkbox"/> ELF <input type="checkbox"/> TAP <input type="checkbox"/> IMP <input type="checkbox"/> EVE <input type="checkbox"/>						
EXAMPLE	g <input checked="" type="checkbox"/> r <input type="checkbox"/> o <input type="checkbox"/> o <input type="checkbox"/> m <input type="checkbox"/>	76	t <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> n <input type="checkbox"/> k <input type="checkbox"/>	77	c <input type="checkbox"/> o <input type="checkbox"/> v <input type="checkbox"/> e <input type="checkbox"/> r <input type="checkbox"/>	78	c <input type="checkbox"/> l <input type="checkbox"/> i <input type="checkbox"/> m <input type="checkbox"/> b <input type="checkbox"/>	79	a <input type="checkbox"/> v <input type="checkbox"/> o <input type="checkbox"/> i <input type="checkbox"/> d <input type="checkbox"/>	80	h <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> r <input type="checkbox"/> t <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

<p>EXAMPLE</p> <p>t <input type="checkbox"/></p> <p>k <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>g <input checked="" type="checkbox"/></p> <p>w <input type="checkbox"/></p>	<p>1</p> <p>m <input type="checkbox"/></p> <p>k <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>e <input type="checkbox"/></p>	<p>2</p> <p>e <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>t <input type="checkbox"/></p> <p>l <input type="checkbox"/></p>	<p>3</p> <p>d <input type="checkbox"/></p> <p>s <input type="checkbox"/></p> <p>r <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>m <input type="checkbox"/></p>	<p>4</p> <p>t <input type="checkbox"/></p> <p>l <input type="checkbox"/></p> <p>k <input type="checkbox"/></p> <p>p <input type="checkbox"/></p> <p>d <input type="checkbox"/></p>	<p>5</p> <p>k <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>n <input type="checkbox"/></p> <p>s <input type="checkbox"/></p> <p>r <input type="checkbox"/></p>	
<p>6</p> <p>Mahmood <input type="checkbox"/></p> <p>Jamie <input type="checkbox"/></p> <p>Louise <input type="checkbox"/></p> <p>Molly <input type="checkbox"/></p> <p>Naomi <input type="checkbox"/></p>	<p>7</p> <p>Cerys <input type="checkbox"/></p> <p>Ryan <input type="checkbox"/></p> <p>Penny <input type="checkbox"/></p> <p>Jasper <input type="checkbox"/></p> <p>Neil <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>g <input checked="" type="checkbox"/></p> <p>r <input type="checkbox"/></p> <p>o <input type="checkbox"/></p> <p>o <input type="checkbox"/></p> <p>m <input type="checkbox"/></p>	<p>8</p> <p>b <input type="checkbox"/></p> <p>l <input type="checkbox"/></p> <p>o <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>k <input type="checkbox"/></p>	<p>9</p> <p>p <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>e <input type="checkbox"/></p>	<p>10</p> <p>t <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>r <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>e <input type="checkbox"/></p>	<p>11</p> <p>p <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>n <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>h <input type="checkbox"/></p>
<p>12</p> <p>r <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>e <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>Come and <input checked="" type="checkbox"/></p> <p>and get <input type="checkbox"/></p> <p>get your <input type="checkbox"/></p> <p>your maths <input type="checkbox"/></p> <p>maths books <input type="checkbox"/></p>	<p>13</p> <p>Mum astonished <input type="checkbox"/></p> <p>astonished us <input type="checkbox"/></p> <p>us by <input type="checkbox"/></p> <p>by singing <input type="checkbox"/></p> <p>singing loudly <input type="checkbox"/></p>	<p>14</p> <p>Behave well <input type="checkbox"/></p> <p>well if <input type="checkbox"/></p> <p>if indoor <input type="checkbox"/></p> <p>indoor play <input type="checkbox"/></p> <p>play occurs <input type="checkbox"/></p>	<p>15</p> <p>Harry changed <input type="checkbox"/></p> <p>changed gear <input type="checkbox"/></p> <p>gear without <input type="checkbox"/></p> <p>without any <input type="checkbox"/></p> <p>any jerks <input type="checkbox"/></p>		
<p>16</p> <p>We should <input type="checkbox"/></p> <p>should reduce <input type="checkbox"/></p> <p>reduce carbon <input type="checkbox"/></p> <p>carbon emissions <input type="checkbox"/></p> <p>emissions immediately <input type="checkbox"/></p>	<p>17</p> <p>Scan each <input type="checkbox"/></p> <p>each new <input type="checkbox"/></p> <p>new document <input type="checkbox"/></p> <p>document before <input type="checkbox"/></p> <p>before photocopying <input type="checkbox"/></p>	<p>18</p> <p>All the <input type="checkbox"/></p> <p>the friendliest <input type="checkbox"/></p> <p>friendliest children <input type="checkbox"/></p> <p>children were <input type="checkbox"/></p> <p>were chosen <input type="checkbox"/></p>				
<p>EXAMPLE</p> <p>26 <input type="checkbox"/></p> <p>30 <input type="checkbox"/></p> <p>25 <input type="checkbox"/></p> <p>27 <input type="checkbox"/></p> <p>28 <input checked="" type="checkbox"/></p>	<p>19</p> <p>14 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p> <p>13 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p>	<p>20</p> <p>13 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>23 <input type="checkbox"/></p> <p>27 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p>	<p>21</p> <p>66 <input type="checkbox"/></p> <p>60 <input type="checkbox"/></p> <p>56 <input type="checkbox"/></p> <p>48 <input type="checkbox"/></p> <p>69 <input type="checkbox"/></p>	<p>22</p> <p>0 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p>	<p>23</p> <p>16 <input type="checkbox"/></p> <p>24 <input type="checkbox"/></p> <p>32 <input type="checkbox"/></p> <p>36 <input type="checkbox"/></p> <p>48 <input type="checkbox"/></p>	<p>24</p> <p>48 <input type="checkbox"/></p> <p>64 <input type="checkbox"/></p> <p>28 <input type="checkbox"/></p> <p>32 <input type="checkbox"/></p> <p>72 <input type="checkbox"/></p>
<p>EXAMPLE</p> <p>freckle <input type="checkbox"/></p> <p>smudge <input type="checkbox"/></p> <p>spot <input checked="" type="checkbox"/></p> <p>detect <input type="checkbox"/></p> <p>see <input type="checkbox"/></p>	<p>25</p> <p>delayed <input type="checkbox"/></p> <p>next <input type="checkbox"/></p> <p>old <input type="checkbox"/></p> <p>detained <input type="checkbox"/></p> <p>behind <input type="checkbox"/></p>	<p>26</p> <p>intention <input type="checkbox"/></p> <p>reason <input type="checkbox"/></p> <p>imagine <input type="checkbox"/></p> <p>end <input type="checkbox"/></p> <p>reflect <input type="checkbox"/></p>	<p>27</p> <p>catch <input type="checkbox"/></p> <p>grasp <input type="checkbox"/></p> <p>problem <input type="checkbox"/></p> <p>difficulty <input type="checkbox"/></p> <p>clutch <input type="checkbox"/></p>	<p>28</p> <p>fight <input type="checkbox"/></p> <p>debate <input type="checkbox"/></p> <p>dispute <input type="checkbox"/></p> <p>duel <input type="checkbox"/></p> <p>contest <input type="checkbox"/></p>	<p>29</p> <p>sincere <input type="checkbox"/></p> <p>aim <input type="checkbox"/></p> <p>open <input type="checkbox"/></p> <p>steer <input type="checkbox"/></p> <p>direct <input type="checkbox"/></p>	
<p>EXAMPLE</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input checked="" type="checkbox"/></p>	<p>30</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>31</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>32</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>33</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>34</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	

EXAMPLE

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

35

park	<input type="checkbox"/>	estate	<input type="checkbox"/>
farm	<input type="checkbox"/>	meadow	<input type="checkbox"/>
earth	<input type="checkbox"/>	ground	<input type="checkbox"/>

36

abandon	<input type="checkbox"/>	alone	<input type="checkbox"/>
empty	<input type="checkbox"/>	depart	<input type="checkbox"/>
bare	<input type="checkbox"/>	desert	<input type="checkbox"/>

37

deserve	<input type="checkbox"/>	payment	<input type="checkbox"/>
worth	<input type="checkbox"/>	value	<input type="checkbox"/>
reward	<input type="checkbox"/>	price	<input type="checkbox"/>

38

bright	<input type="checkbox"/>	clean	<input type="checkbox"/>
pure	<input type="checkbox"/>	genuine	<input type="checkbox"/>
honest	<input type="checkbox"/>	noble	<input type="checkbox"/>

39

battle	<input type="checkbox"/>	seize	<input type="checkbox"/>
attack	<input type="checkbox"/>	conquer	<input type="checkbox"/>
defeat	<input type="checkbox"/>	oppose	<input type="checkbox"/>

EXAMPLE

LK	<input type="checkbox"/>
LL	<input type="checkbox"/>
KK	<input checked="" type="checkbox"/>
KL	<input type="checkbox"/>
JK	<input type="checkbox"/>

40

VW	<input type="checkbox"/>
VW	<input type="checkbox"/>
WU	<input type="checkbox"/>
WB	<input type="checkbox"/>
VT	<input type="checkbox"/>

41

WI	<input type="checkbox"/>
XF	<input type="checkbox"/>
XE	<input type="checkbox"/>
WF	<input type="checkbox"/>
WE	<input type="checkbox"/>

42

FQ	<input type="checkbox"/>
FP	<input type="checkbox"/>
GQ	<input type="checkbox"/>
GH	<input type="checkbox"/>
FG	<input type="checkbox"/>

43

FU	<input type="checkbox"/>
CU	<input type="checkbox"/>
FT	<input type="checkbox"/>
CS	<input type="checkbox"/>
GT	<input type="checkbox"/>

44

ZC	<input type="checkbox"/>
AD	<input type="checkbox"/>
ZD	<input type="checkbox"/>
ZW	<input type="checkbox"/>
AC	<input type="checkbox"/>

EXAMPLE

barn	<input type="checkbox"/>	wool	<input type="checkbox"/>
grass	<input type="checkbox"/>	farm	<input type="checkbox"/>
calf	<input checked="" type="checkbox"/>	lamb	<input checked="" type="checkbox"/>

45

relieve	<input type="checkbox"/>	prevent	<input type="checkbox"/>
serve	<input type="checkbox"/>	impede	<input type="checkbox"/>
assist	<input type="checkbox"/>	defile	<input type="checkbox"/>

46

eminent	<input type="checkbox"/>	trivial	<input type="checkbox"/>
urgent	<input type="checkbox"/>	futile	<input type="checkbox"/>
essential	<input type="checkbox"/>	minor	<input type="checkbox"/>

47

enraged	<input type="checkbox"/>	stroke	<input type="checkbox"/>
feeling	<input type="checkbox"/>	placid	<input type="checkbox"/>
noisy	<input type="checkbox"/>	quiet	<input type="checkbox"/>

48

metal	<input type="checkbox"/>	electrical	<input type="checkbox"/>
mechanical	<input type="checkbox"/>	industrial	<input type="checkbox"/>
personal	<input type="checkbox"/>	aerodynamic	<input type="checkbox"/>

49

stoic	<input type="checkbox"/>	unstable	<input type="checkbox"/>
dependable	<input type="checkbox"/>	irresponsible	<input type="checkbox"/>
mature	<input type="checkbox"/>	immature	<input type="checkbox"/>

EXAMPLE

10	<input type="checkbox"/>
8	<input type="checkbox"/>
7	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>

50

4	<input type="checkbox"/>
6	<input type="checkbox"/>
5	<input type="checkbox"/>
3	<input type="checkbox"/>
8	<input type="checkbox"/>

51

4	<input type="checkbox"/>
10	<input type="checkbox"/>
6	<input type="checkbox"/>
5	<input type="checkbox"/>
7	<input type="checkbox"/>

52

4	<input type="checkbox"/>
7	<input type="checkbox"/>
12	<input type="checkbox"/>
8	<input type="checkbox"/>
6	<input type="checkbox"/>

53

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

54

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

EXAMPLE

blow	<input type="checkbox"/>	sky	<input type="checkbox"/>
high	<input type="checkbox"/>	bell	<input checked="" type="checkbox"/>
blue	<input checked="" type="checkbox"/>	shoe	<input type="checkbox"/>

55

post	<input type="checkbox"/>	wood	<input type="checkbox"/>
show	<input type="checkbox"/>	ward	<input type="checkbox"/>
out	<input type="checkbox"/>	stage	<input type="checkbox"/>

56

no	<input type="checkbox"/>	bell	<input type="checkbox"/>
in	<input type="checkbox"/>	sing	<input type="checkbox"/>
sea	<input type="checkbox"/>	were	<input type="checkbox"/>

57

has	<input type="checkbox"/>	sell	<input type="checkbox"/>
ease	<input type="checkbox"/>	set	<input type="checkbox"/>
as	<input type="checkbox"/>	send	<input type="checkbox"/>

58

awe	<input type="checkbox"/>	full	<input type="checkbox"/>
care	<input type="checkbox"/>	free	<input type="checkbox"/>
right	<input type="checkbox"/>	ring	<input type="checkbox"/>

59

add	<input type="checkbox"/>	then	<input type="checkbox"/>
wars	<input type="checkbox"/>	here	<input type="checkbox"/>
now	<input type="checkbox"/>	ship	<input type="checkbox"/>

EXAMPLE

QT	<input checked="" type="checkbox"/>
QU	<input type="checkbox"/>
RT	<input type="checkbox"/>
ST	<input type="checkbox"/>
QR	<input type="checkbox"/>

60

KT	<input type="checkbox"/>
LS	<input type="checkbox"/>
KR	<input type="checkbox"/>
KS	<input type="checkbox"/>
LR	<input type="checkbox"/>

61

RI	<input type="checkbox"/>
GT	<input type="checkbox"/>
GP	<input type="checkbox"/>
IT	<input type="checkbox"/>
IR	<input type="checkbox"/>

62

II	<input type="checkbox"/>
CS	<input type="checkbox"/>
IS	<input type="checkbox"/>
CI	<input type="checkbox"/>
BI	<input type="checkbox"/>

63

FQ	<input type="checkbox"/>
TQ	<input type="checkbox"/>
UQ	<input type="checkbox"/>
RQ	<input type="checkbox"/>
TR	<input type="checkbox"/>

64

HJ	<input type="checkbox"/>
HL	<input type="checkbox"/>
TV	<input type="checkbox"/>
TW	<input type="checkbox"/>
HR	<input type="checkbox"/>

EXAMPLE

top	<input checked="" type="checkbox"/>
tap	<input type="checkbox"/>
sop	<input type="checkbox"/>
pot	<input type="checkbox"/>
sot	<input type="checkbox"/>

65

near	<input type="checkbox"/>
dare	<input type="checkbox"/>
darn	<input type="checkbox"/>
read	<input type="checkbox"/>
dear	<input type="checkbox"/>

66

acre	<input type="checkbox"/>
care	<input type="checkbox"/>
rage	<input type="checkbox"/>
near	<input type="checkbox"/>
cage	<input type="checkbox"/>

67

dens	<input type="checkbox"/>
seed	<input type="checkbox"/>
need	<input type="checkbox"/>
send	<input type="checkbox"/>
ends	<input type="checkbox"/>

68

sign	<input type="checkbox"/>
ring	<input type="checkbox"/>
sing	<input type="checkbox"/>
sung	<input type="checkbox"/>
rugs	<input type="checkbox"/>

69

bell	<input type="checkbox"/>
able	<input type="checkbox"/>
dale	<input type="checkbox"/>
bale	<input type="checkbox"/>
ball	<input type="checkbox"/>

70

6132	<input type="checkbox"/>
3261	<input type="checkbox"/>
6321	<input type="checkbox"/>
3621	<input type="checkbox"/>
6213	<input type="checkbox"/>

71

2564	<input type="checkbox"/>
3654	<input type="checkbox"/>
6345	<input type="checkbox"/>
2654	<input type="checkbox"/>
3456	<input type="checkbox"/>

72

COAL	<input type="checkbox"/>
COAT	<input type="checkbox"/>
PACT	<input type="checkbox"/>
OPAL	<input type="checkbox"/>
CLOT	<input type="checkbox"/>

73

5436	<input type="checkbox"/>
4536	<input type="checkbox"/>
4365	<input type="checkbox"/>
5346	<input type="checkbox"/>
5264	<input type="checkbox"/>

74

4153	<input type="checkbox"/>
4315	<input type="checkbox"/>
4135	<input type="checkbox"/>
1524	<input type="checkbox"/>
4351	<input type="checkbox"/>

75

SALE	<input type="checkbox"/>
SOLE	<input type="checkbox"/>
OWLS	<input type="checkbox"/>
OWES	<input type="checkbox"/>
SEAL	<input type="checkbox"/>

EXAMPLE

brush	<input type="checkbox"/>	dirty	<input checked="" type="checkbox"/>
clean	<input checked="" type="checkbox"/>	fresh	<input type="checkbox"/>
wash	<input type="checkbox"/>	pure	<input type="checkbox"/>

76

condemn	<input type="checkbox"/>	agree	<input type="checkbox"/>
approve	<input type="checkbox"/>	comply	<input type="checkbox"/>
admire	<input type="checkbox"/>	reject	<input type="checkbox"/>

77

satisfied	<input type="checkbox"/>	regretful	<input type="checkbox"/>
vain	<input type="checkbox"/>	discouraged	<input type="checkbox"/>
proud	<input type="checkbox"/>	ashamed	<input type="checkbox"/>

78

ordinary	<input type="checkbox"/>	exceptional	<input type="checkbox"/>
humble	<input type="checkbox"/>	novel	<input type="checkbox"/>
simple	<input type="checkbox"/>	imaginative	<input type="checkbox"/>

79

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

80

natural	<input type="checkbox"/>	intelligent	<input type="checkbox"/>
naïve	<input type="checkbox"/>	artful	<input type="checkbox"/>
immature	<input type="checkbox"/>	experienced	<input type="checkbox"/>

Pupil's name: _____

Test date: _____

School name: _____

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"/>

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

<p>1</p> <p>1435 <input type="checkbox"/></p> <p>4513 <input type="checkbox"/></p> <p>4521 <input type="checkbox"/></p> <p>1345 <input type="checkbox"/></p> <p>5243 <input type="checkbox"/></p>	<p>2</p> <p>6215 <input type="checkbox"/></p> <p>6514 <input type="checkbox"/></p> <p>1462 <input type="checkbox"/></p> <p>6214 <input type="checkbox"/></p> <p>1624 <input type="checkbox"/></p>	<p>3</p> <p>THIS <input type="checkbox"/></p> <p>SLIT <input type="checkbox"/></p> <p>HUTS <input type="checkbox"/></p> <p>HITS <input type="checkbox"/></p> <p>SUIT <input type="checkbox"/></p>	<p>4</p> <p>6345 <input type="checkbox"/></p> <p>6315 <input type="checkbox"/></p> <p>3561 <input type="checkbox"/></p> <p>3465 <input type="checkbox"/></p> <p>6153 <input type="checkbox"/></p>	<p>5</p> <p>4625 <input type="checkbox"/></p> <p>5123 <input type="checkbox"/></p> <p>1532 <input type="checkbox"/></p> <p>5132 <input type="checkbox"/></p> <p>2531 <input type="checkbox"/></p>	<p>6</p> <p>FAIL <input type="checkbox"/></p> <p>FLEA <input type="checkbox"/></p> <p>IDLE <input type="checkbox"/></p> <p>FILE <input type="checkbox"/></p> <p>DEAF <input type="checkbox"/></p>		
<p>EXAMPLE</p> <p>QT <input checked="" type="checkbox"/></p> <p>RT <input type="checkbox"/></p> <p>QR <input type="checkbox"/></p> <p>RS <input type="checkbox"/></p> <p>TQ <input type="checkbox"/></p>	<p>7</p> <p>NM <input type="checkbox"/></p> <p>MM <input type="checkbox"/></p> <p>NN <input type="checkbox"/></p> <p>MN <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>8</p> <p>VP <input type="checkbox"/></p> <p>VQ <input type="checkbox"/></p> <p>UP <input type="checkbox"/></p> <p>VU <input type="checkbox"/></p> <p>UQ <input type="checkbox"/></p>	<p>9</p> <p>GU <input type="checkbox"/></p> <p>FU <input type="checkbox"/></p> <p>FR <input type="checkbox"/></p> <p>FT <input type="checkbox"/></p> <p>GT <input type="checkbox"/></p>	<p>10</p> <p>HR <input type="checkbox"/></p> <p>PL <input type="checkbox"/></p> <p>PR <input type="checkbox"/></p> <p>HL <input type="checkbox"/></p> <p>HM <input type="checkbox"/></p>	<p>11</p> <p>YN <input type="checkbox"/></p> <p>YB <input type="checkbox"/></p> <p>JQ <input type="checkbox"/></p> <p>MO <input type="checkbox"/></p> <p>JH <input type="checkbox"/></p>		
<p>EXAMPLE</p> <p>OKZX <input type="checkbox"/></p> <p>OMZZ <input type="checkbox"/></p> <p>QMBZ <input checked="" type="checkbox"/></p> <p>QNBZ <input type="checkbox"/></p> <p>QMBY <input type="checkbox"/></p>	<p>12</p> <p>STAR <input type="checkbox"/></p> <p>OVER <input type="checkbox"/></p> <p>STUN <input type="checkbox"/></p> <p>STIR <input type="checkbox"/></p> <p>OVAl <input type="checkbox"/></p>	<p>13</p> <p>OuwLA <input type="checkbox"/></p> <p>WSEJl <input type="checkbox"/></p> <p>OSWJA <input type="checkbox"/></p> <p>WUwLA <input type="checkbox"/></p> <p>PTXKB <input type="checkbox"/></p>	<p>14</p> <p>TMAQN <input type="checkbox"/></p> <p>PRXUH <input type="checkbox"/></p> <p>PMXQH <input type="checkbox"/></p> <p>QNYRI <input type="checkbox"/></p> <p>PSYRH <input type="checkbox"/></p>	<p>15</p> <p>UNDO <input type="checkbox"/></p> <p>SOAP <input type="checkbox"/></p> <p>SONG <input type="checkbox"/></p> <p>UPON <input type="checkbox"/></p> <p>SORT <input type="checkbox"/></p>	<p>16</p> <p>IQDVXX <input type="checkbox"/></p> <p>GMXNNY <input type="checkbox"/></p> <p>GQXVNK <input type="checkbox"/></p> <p>IMDNXY <input type="checkbox"/></p> <p>HNEMYX <input type="checkbox"/></p>	<p>17</p> <p>DASH <input type="checkbox"/></p> <p>NAME <input type="checkbox"/></p> <p>CARD <input type="checkbox"/></p> <p>CAKE <input type="checkbox"/></p> <p>DARK <input type="checkbox"/></p>	
<p>18</p> <p>DDUL <input type="checkbox"/></p> <p>DCSI <input type="checkbox"/></p> <p>BXKX <input type="checkbox"/></p> <p>BYMA <input type="checkbox"/></p> <p>BXKY <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>sop <input type="checkbox"/></p> <p>sot <input type="checkbox"/></p> <p>pot <input type="checkbox"/></p> <p>tap <input type="checkbox"/></p> <p>top <input checked="" type="checkbox"/></p>	<p>19</p> <p>rim <input type="checkbox"/></p> <p>dim <input type="checkbox"/></p> <p>aid <input type="checkbox"/></p> <p>ram <input type="checkbox"/></p> <p>dam <input type="checkbox"/></p>	<p>20</p> <p>ten <input type="checkbox"/></p> <p>net <input type="checkbox"/></p> <p>con <input type="checkbox"/></p> <p>not <input type="checkbox"/></p> <p>cot <input type="checkbox"/></p>	<p>21</p> <p>bar <input type="checkbox"/></p> <p>ear <input type="checkbox"/></p> <p>era <input type="checkbox"/></p> <p>rib <input type="checkbox"/></p> <p>err <input type="checkbox"/></p>	<p>22</p> <p>gin <input type="checkbox"/></p> <p>rig <input type="checkbox"/></p> <p>nor <input type="checkbox"/></p> <p>log <input type="checkbox"/></p> <p>nil <input type="checkbox"/></p>	<p>23</p> <p>list <input type="checkbox"/></p> <p>sent <input type="checkbox"/></p> <p>slit <input type="checkbox"/></p> <p>sins <input type="checkbox"/></p> <p>tile <input type="checkbox"/></p>	
<p>EXAMPLE</p> <p>blow <input type="checkbox"/></p> <p>high <input type="checkbox"/></p> <p>blue <input checked="" type="checkbox"/></p>	<p>sky <input type="checkbox"/></p> <p>bell <input checked="" type="checkbox"/></p> <p>shoe <input type="checkbox"/></p>	<p>24</p> <p>fore <input type="checkbox"/></p> <p>climb <input type="checkbox"/></p> <p>bud <input type="checkbox"/></p>	<p>bed <input type="checkbox"/></p> <p>get <input type="checkbox"/></p> <p>site <input type="checkbox"/></p>	<p>25</p> <p>tune <input type="checkbox"/></p> <p>arm <input type="checkbox"/></p> <p>for <input type="checkbox"/></p>	<p>bid <input type="checkbox"/></p> <p>full <input type="checkbox"/></p> <p>saw <input type="checkbox"/></p>	<p>26</p> <p>stamp <input type="checkbox"/></p> <p>post <input type="checkbox"/></p> <p>what <input type="checkbox"/></p>	<p>next <input type="checkbox"/></p> <p>age <input type="checkbox"/></p> <p>office <input type="checkbox"/></p>
<p>27</p> <p>wave <input type="checkbox"/></p> <p>measure <input type="checkbox"/></p> <p>pave <input type="checkbox"/></p>	<p>meant <input type="checkbox"/></p> <p>power <input type="checkbox"/></p> <p>length <input type="checkbox"/></p>	<p>28</p> <p>miss <input type="checkbox"/></p> <p>dance <input type="checkbox"/></p> <p>heat <input type="checkbox"/></p>	<p>her <input type="checkbox"/></p> <p>sing <input type="checkbox"/></p> <p>lead <input type="checkbox"/></p>	<p>29</p> <p>Archna <input type="checkbox"/></p> <p>Lucy <input type="checkbox"/></p> <p>Gary <input type="checkbox"/></p> <p>Leo <input type="checkbox"/></p> <p>Brandon <input type="checkbox"/></p>	<p>30</p> <p>Jordan <input type="checkbox"/></p> <p>Molly <input type="checkbox"/></p> <p>Rhiannon <input type="checkbox"/></p> <p>Sean <input type="checkbox"/></p> <p>Polly <input type="checkbox"/></p>		
<p>EXAMPLE</p> <p>16 <input checked="" type="checkbox"/></p> <p>15 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p>	<p>31</p> <p>2 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p> <p>20 <input type="checkbox"/></p> <p>24 <input type="checkbox"/></p>	<p>32</p> <p>14 <input type="checkbox"/></p> <p>13 <input type="checkbox"/></p> <p>19 <input type="checkbox"/></p> <p>20 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p>	<p>33</p> <p>6 <input type="checkbox"/></p> <p>18 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>16 <input type="checkbox"/></p>	<p>34</p> <p>12 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p> <p>13 <input type="checkbox"/></p>	<p>35</p> <p>13 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>15 <input type="checkbox"/></p>		

EXAMPLE

brush dirty
clean fresh
wash pure

36

reckless discreet
hasty guarded
irresponsible cautious

37

diligent cowardly
determined lethargic
plucky hesitate

38

functional idle
efficient useless
meticulous futile

39

expendable significant
fragile heavy
tenuous robust

40

brash gentle
vulgar devoted
brutal friendly

41

A
B
C
D
E

42

A
B
C
D
E

EXAMPLE

g
r
o
o
m

43

f
i
l
e
d

44

c
h
a
r
t

45

a
m
b
l
e

46

t
h
a
l
k

47

p
l
a
n
e

EXAMPLE

20
26
28
29
30

48

4
2
8
0
3

49

2
8
11
12
4

50

26
30
28
40
42

51

3
2
4
0
1

52

200
180
240
120
260

53

38
42
44
45
49

EXAMPLE

t
k
h
g
w

54

l
p
d
m
r

55

t
l
s
w
m

56

k
e
m
t
n

57

t
d
n
w
p

58

p
f
e
o
m

EXAMPLE

LK
LL
KK
KL
JK

59

QB
QC
SD
SC
SB

60

YZ
WZ
UZ
WY
WU

61

YL
AK
AL
YM
YN

62

XF
RF
RZ
XZ
SZ

63

UD
TE
LI
UE
TD

EXAMPLE

RUG
RAN
RUN
RAG
RIG

64

MAR
MAT
TOE
MET
NOW

65

HIP
HAP
ASH
LOT
ART

66

TEE
TED
TIN
WIN
TEA

67

SEA
SAT
SIT
SUN
SON

68

ROW
RAN
RUM
RIP
AIR

EXAMPLE

A
B
C
D
E

69

A
B
C
D
E

70

A
B
C
D
E

71

A
B
C
D
E

72

A
B
C
D
E

73

A
B
C
D
E

EXAMPLE

teacher
doctor
hospital
firefighter
lesson

74

pelvis
kidney
rib
heart
liver

75

square
triangle
rhombus
circle
rectangle

76

single
twin
triple
pair
couple

77

fence
gate
wall
railing
passage

78

respond
answer
question
reply
interview

79

race
advance
rush
progress
hurry

80

university
museum
library
college
school

Pupil's name: _____

Test date: _____

School name: _____

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"/>

PUPIL NUMBER					
[0]	[0]	[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]

SCHOOL NUMBER					
[0]	[0]	[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]

Please mark like this:

TEST 6

<p>EXAMPLE</p> <p>barn <input type="checkbox"/> wool <input type="checkbox"/> grass <input type="checkbox"/> farm <input type="checkbox"/> calf <input checked="" type="checkbox"/> lamb <input checked="" type="checkbox"/></p>	<p>1</p> <p>thrifty <input type="checkbox"/> covetous <input type="checkbox"/> shrewd <input type="checkbox"/> expense <input type="checkbox"/> cautious <input type="checkbox"/> extravagant <input type="checkbox"/></p>	<p>2</p> <p>reflective <input type="checkbox"/> regrettable <input type="checkbox"/> gleeful <input type="checkbox"/> pathetic <input type="checkbox"/> fortunate <input type="checkbox"/> disconsolate <input type="checkbox"/></p>	<p>3</p> <p>separate <input type="checkbox"/> subordinate <input type="checkbox"/> free <input type="checkbox"/> helpless <input type="checkbox"/> capable <input type="checkbox"/> weak <input type="checkbox"/></p>			
<p>4</p> <p>insightful <input type="checkbox"/> stupid <input type="checkbox"/> curious <input type="checkbox"/> crass <input type="checkbox"/> rational <input type="checkbox"/> oblivious <input type="checkbox"/></p>	<p>5</p> <p>accidental <input type="checkbox"/> planned <input type="checkbox"/> casual <input type="checkbox"/> definite <input type="checkbox"/> aimless <input type="checkbox"/> tidy <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>freckle <input type="checkbox"/> smudge <input type="checkbox"/> spot <input checked="" type="checkbox"/> detect <input type="checkbox"/> see <input type="checkbox"/></p>	<p>6</p> <p>supply <input type="checkbox"/> succumb <input type="checkbox"/> comply <input type="checkbox"/> yield <input type="checkbox"/> profit <input type="checkbox"/></p>	<p>7</p> <p>greedy <input type="checkbox"/> average <input type="checkbox"/> mean <input type="checkbox"/> stingy <input type="checkbox"/> median <input type="checkbox"/></p>		
<p>8</p> <p>comfortable <input type="checkbox"/> stuffing <input type="checkbox"/> packing <input type="checkbox"/> content <input type="checkbox"/> cheerful <input type="checkbox"/></p>	<p>9</p> <p>complain <input type="checkbox"/> object <input type="checkbox"/> entity <input type="checkbox"/> challenge <input type="checkbox"/> oppose <input type="checkbox"/></p>	<p>10</p> <p>buried <input type="checkbox"/> late <input type="checkbox"/> delayed <input type="checkbox"/> past <input type="checkbox"/> departed <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>16 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 10 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>11</p> <p>6 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/></p>	<p>12</p> <p>4 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 18 <input type="checkbox"/></p>	
<p>13</p> <p>2 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/></p>	<p>14</p> <p>6 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 22 <input type="checkbox"/></p>	<p>15</p> <p>3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>LK <input type="checkbox"/> LL <input type="checkbox"/> KK <input checked="" type="checkbox"/> KL <input type="checkbox"/> JK <input type="checkbox"/></p>	<p>16</p> <p>XE <input type="checkbox"/> WD <input type="checkbox"/> XF <input type="checkbox"/> WE <input type="checkbox"/> WF <input type="checkbox"/></p>	<p>17</p> <p>VX <input type="checkbox"/> UX <input type="checkbox"/> NX <input type="checkbox"/> VW <input type="checkbox"/> UW <input type="checkbox"/></p>	<p>18</p> <p>YE <input type="checkbox"/> AE <input type="checkbox"/> AF <input type="checkbox"/> XE <input type="checkbox"/> AI <input type="checkbox"/></p>
<p>19</p> <p>ON <input type="checkbox"/> PM <input type="checkbox"/> QL <input type="checkbox"/> PL <input type="checkbox"/> OL <input type="checkbox"/></p>	<p>20</p> <p>WZ <input type="checkbox"/> EB <input type="checkbox"/> EZ <input type="checkbox"/> UZ <input type="checkbox"/> WB <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>t <input type="checkbox"/> k <input type="checkbox"/> h <input type="checkbox"/> g <input type="checkbox"/> w <input checked="" type="checkbox"/></p>	<p>21</p> <p>t <input type="checkbox"/> l <input type="checkbox"/> b <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/></p>	<p>22</p> <p>m <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> w <input type="checkbox"/></p>	<p>23</p> <p>b <input type="checkbox"/> s <input type="checkbox"/> r <input type="checkbox"/> l <input type="checkbox"/> t <input type="checkbox"/></p>	
<p>24</p> <p>m <input type="checkbox"/> p <input type="checkbox"/> w <input type="checkbox"/> l <input type="checkbox"/> s <input type="checkbox"/></p>	<p>25</p> <p>p <input type="checkbox"/> d <input type="checkbox"/> n <input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/></p>	<p>EXAMPLE</p> <p>Come and <input checked="" type="checkbox"/> and get <input type="checkbox"/> get your <input type="checkbox"/> your maths <input type="checkbox"/> maths books <input type="checkbox"/></p>	<p>26</p> <p>The gear <input type="checkbox"/> gear change <input type="checkbox"/> change was <input type="checkbox"/> was very <input type="checkbox"/> very quick <input type="checkbox"/></p>	<p>27</p> <p>You only <input type="checkbox"/> only need <input type="checkbox"/> need some <input type="checkbox"/> some basic <input type="checkbox"/> basic knowledge <input type="checkbox"/></p>		
<p>28</p> <p>Our latest <input type="checkbox"/> latest ramble <input type="checkbox"/> ramble seemed <input type="checkbox"/> seemed quite <input type="checkbox"/> quite tiring <input type="checkbox"/></p>	<p>29</p> <p>Wait patiently <input type="checkbox"/> patiently while <input type="checkbox"/> while scar <input type="checkbox"/> scar tissue <input type="checkbox"/> tissue heals <input type="checkbox"/></p>	<p>30</p> <p>That is <input type="checkbox"/> is an <input type="checkbox"/> an unnecessarily <input type="checkbox"/> unnecessarily extreme <input type="checkbox"/> extreme reaction <input type="checkbox"/></p>	<p>31</p> <p>A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/></p>	<p>32</p> <p>A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/></p>		

EXAMPLE

ran	<input type="checkbox"/>
ray	<input type="checkbox"/>
say	<input type="checkbox"/>
ash	<input checked="" type="checkbox"/>
shy	<input type="checkbox"/>

33

war	<input type="checkbox"/>
oar	<input type="checkbox"/>
oil	<input type="checkbox"/>
lag	<input type="checkbox"/>
law	<input type="checkbox"/>

34

loan	<input type="checkbox"/>
dawn	<input type="checkbox"/>
down	<input type="checkbox"/>
done	<input type="checkbox"/>
deal	<input type="checkbox"/>

35

tuft	<input type="checkbox"/>
wire	<input type="checkbox"/>
true	<input type="checkbox"/>
test	<input type="checkbox"/>
rust	<input type="checkbox"/>

36

set	<input type="checkbox"/>
pet	<input type="checkbox"/>
rot	<input type="checkbox"/>
tor	<input type="checkbox"/>
top	<input type="checkbox"/>

37

ape	<input type="checkbox"/>
pea	<input type="checkbox"/>
gap	<input type="checkbox"/>
tea	<input type="checkbox"/>
eat	<input type="checkbox"/>

38

team	<input type="checkbox"/>
past	<input type="checkbox"/>
teal	<input type="checkbox"/>
peat	<input type="checkbox"/>
tame	<input type="checkbox"/>

39

star	<input type="checkbox"/>
toss	<input type="checkbox"/>
fort	<input type="checkbox"/>
soft	<input type="checkbox"/>
sofa	<input type="checkbox"/>

40

3246	<input type="checkbox"/>
3425	<input type="checkbox"/>
2345	<input type="checkbox"/>
2356	<input type="checkbox"/>
2536	<input type="checkbox"/>

41

5431	<input type="checkbox"/>
5243	<input type="checkbox"/>
3451	<input type="checkbox"/>
5341	<input type="checkbox"/>
3451	<input type="checkbox"/>

42

HEAT	<input type="checkbox"/>
HATE	<input type="checkbox"/>
ETCH	<input type="checkbox"/>
THAW	<input type="checkbox"/>
THAT	<input type="checkbox"/>

43

4165	<input type="checkbox"/>
1645	<input type="checkbox"/>
1456	<input type="checkbox"/>
1546	<input type="checkbox"/>
4615	<input type="checkbox"/>

44

5124	<input type="checkbox"/>
5241	<input type="checkbox"/>
5142	<input type="checkbox"/>
5431	<input type="checkbox"/>
5314	<input type="checkbox"/>

45

WREN	<input type="checkbox"/>
DEAR	<input type="checkbox"/>
WARN	<input type="checkbox"/>
DAWN	<input type="checkbox"/>
READ	<input type="checkbox"/>

46

Rona	<input type="checkbox"/>
Pascal	<input type="checkbox"/>
Aidan	<input type="checkbox"/>
Scott	<input type="checkbox"/>
Emma	<input type="checkbox"/>

47

Russell	<input type="checkbox"/>
Jay	<input type="checkbox"/>
Jasmine	<input type="checkbox"/>
Arnaud	<input type="checkbox"/>
Sally	<input type="checkbox"/>

EXAMPLE

8	<input type="checkbox"/>
10	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>
15	<input type="checkbox"/>

48

8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
2	<input type="checkbox"/>
7	<input type="checkbox"/>

49

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

50

1	<input type="checkbox"/>
6	<input type="checkbox"/>
4	<input type="checkbox"/>
3	<input type="checkbox"/>
0	<input type="checkbox"/>

51

10	<input type="checkbox"/>
9	<input type="checkbox"/>
8	<input type="checkbox"/>
7	<input type="checkbox"/>
6	<input type="checkbox"/>

52

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

EXAMPLE

OKZX	<input type="checkbox"/>
OMZZ	<input type="checkbox"/>
QMBZ	<input checked="" type="checkbox"/>
QNBZ	<input type="checkbox"/>
QMBY	<input type="checkbox"/>

53

FACES	<input type="checkbox"/>
JUDGE	<input type="checkbox"/>
JOKES	<input type="checkbox"/>
JOKER	<input type="checkbox"/>
FIELD	<input type="checkbox"/>

54

PHOTO	<input type="checkbox"/>
PHONE	<input type="checkbox"/>
SHONE	<input type="checkbox"/>
THEME	<input type="checkbox"/>
STONE	<input type="checkbox"/>

55

LYHA	<input type="checkbox"/>
NDNI	<input type="checkbox"/>
LYHI	<input type="checkbox"/>
NCMI	<input type="checkbox"/>
NCNI	<input type="checkbox"/>

56

RHGIBC	<input type="checkbox"/>
LDEIBC	<input type="checkbox"/>
LDEIDG	<input type="checkbox"/>
LDEIBC	<input type="checkbox"/>
RHGIDG	<input type="checkbox"/>

57

NJAYOG	<input type="checkbox"/>
RRMOIC	<input type="checkbox"/>
NJAYOH	<input type="checkbox"/>
NJAYOF	<input type="checkbox"/>
RRMOID	<input type="checkbox"/>

58

FRUIT	<input type="checkbox"/>
FROGS	<input type="checkbox"/>
HORSE	<input type="checkbox"/>
HURTS	<input type="checkbox"/>
FENCE	<input type="checkbox"/>

59

LKRI	<input type="checkbox"/>
JGJY	<input type="checkbox"/>
LGRY	<input type="checkbox"/>
JKJO	<input type="checkbox"/>
LGRO	<input type="checkbox"/>

EXAMPLE

g	<input checked="" type="checkbox"/>
r	<input type="checkbox"/>
o	<input type="checkbox"/>
o	<input type="checkbox"/>
m	<input type="checkbox"/>

60

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

61

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

62

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

63

c	<input type="checkbox"/>
r	<input type="checkbox"/>
a	<input type="checkbox"/>
m	<input type="checkbox"/>
p	<input type="checkbox"/>

64

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

EXAMPLE

RAT	<input type="checkbox"/>
RUN	<input type="checkbox"/>
ROW	<input type="checkbox"/>
RUG	<input type="checkbox"/>
RAG	<input checked="" type="checkbox"/>

65

USE	<input type="checkbox"/>
ATE	<input type="checkbox"/>
ACT	<input type="checkbox"/>
ARM	<input type="checkbox"/>
AIM	<input type="checkbox"/>

66

RAT	<input type="checkbox"/>
ROD	<input type="checkbox"/>
RAP	<input type="checkbox"/>
LAD	<input type="checkbox"/>
LIT	<input type="checkbox"/>

67

LUG	<input type="checkbox"/>
LEG	<input type="checkbox"/>
LAG	<input type="checkbox"/>
LOG	<input type="checkbox"/>
TOG	<input type="checkbox"/>

68

TON	<input type="checkbox"/>
NOT	<input type="checkbox"/>
NET	<input type="checkbox"/>
TEN	<input type="checkbox"/>
NIL	<input type="checkbox"/>

69

RUN	<input type="checkbox"/>
RIP	<input type="checkbox"/>
RAT	<input type="checkbox"/>
RAN	<input type="checkbox"/>
LAD	<input type="checkbox"/>

EXAMPLE

20	<input type="checkbox"/>
26	<input type="checkbox"/>
28	<input checked="" type="checkbox"/>
29	<input type="checkbox"/>
30	<input type="checkbox"/>

70

25	<input type="checkbox"/>
24	<input type="checkbox"/>
23	<input type="checkbox"/>
27	<input type="checkbox"/>
26	<input type="checkbox"/>

71

33	<input type="checkbox"/>
36	<input type="checkbox"/>
42	<input type="checkbox"/>
41	<input type="checkbox"/>
44	<input type="checkbox"/>

72

10	<input type="checkbox"/>
36	<input type="checkbox"/>
40	<input type="checkbox"/>
8	<input type="checkbox"/>
42	<input type="checkbox"/>

73

96	<input type="checkbox"/>
48	<input type="checkbox"/>
72	<input type="checkbox"/>
54	<input type="checkbox"/>
50	<input type="checkbox"/>

74

14	<input type="checkbox"/>
7	<input type="checkbox"/>
9	<input type="checkbox"/>
12	<input type="checkbox"/>
16	<input type="checkbox"/>

75

21	<input type="checkbox"/>
18	<input type="checkbox"/>
15	<input type="checkbox"/>
17	<input type="checkbox"/>
16	<input type="checkbox"/>

EXAMPLE

QT	<input checked="" type="checkbox"/>
RT	<input type="checkbox"/>
QR	<input type="checkbox"/>
RS	<input type="checkbox"/>
TQ	<input type="checkbox"/>

76

UF	<input type="checkbox"/>
UD	<input type="checkbox"/>
TG	<input type="checkbox"/>
TH	<input type="checkbox"/>
GT	<input type="checkbox"/>

77

ZE	<input type="checkbox"/>
AD	<input type="checkbox"/>
YD	<input type="checkbox"/>
YE	<input type="checkbox"/>
ZD	<input type="checkbox"/>

78

RW	<input type="checkbox"/>
SW	<input type="checkbox"/>
RS	<input type="checkbox"/>
RV	<input type="checkbox"/>
SV	<input type="checkbox"/>

79

LE	<input type="checkbox"/>
OV	<input type="checkbox"/>
OR	<input type="checkbox"/>
QJ	<input type="checkbox"/>
LO	<input type="checkbox"/>

80

QR	<input type="checkbox"/>
AJ	<input type="checkbox"/>
QJ	<input type="checkbox"/>
AR	<input type="checkbox"/>
RA	<input type="checkbox"/>