

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

EXAMPLE

noise
shout
silent
fairly

9

chore
neat
messy
broom

10

chilly
damp
warm
sneeze

11

yawn
hungry
attempted
sleepy

12

quiet
timid
unhappy
hidden

13

laugh
smile
jolly
excited

14

waddle
jog
fling
dash

15

good
proper
helpful
hopeless

16

warm
sleep
hug
stroke

In questions 17-24, 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

[?] a u [?] [?]

w r g
l g f
c h h

17 [?] [?] d

b u
s i
m a

18 [?] o o [?]

g p
h d
f r

19 [?] a [?] t

l i
w n
f s

20 b e [?] [?] n

g u
t i
r a

21 [?] o r [?]

b t
w k
f e

22 l [?] s [?] e n

a t
i s
e r

23 s t r [?] s [?] [?] d

u s i
e t e
i e r

24 s e p [?] r [?] t e

a a
e e
o i

| EXAMPLE | |
|---------|-------------------------------------|
| cat | <input type="checkbox"/> |
| dog | <input type="checkbox"/> |
| rabbit | <input type="checkbox"/> |
| lion | <input checked="" type="checkbox"/> |
| hamster | <input type="checkbox"/> |

| 25 | |
|----------|--------------------------|
| beans | <input type="checkbox"/> |
| carrots | <input type="checkbox"/> |
| cheese | <input type="checkbox"/> |
| onion | <input type="checkbox"/> |
| broccoli | <input type="checkbox"/> |

| 26 | |
|------------|--------------------------|
| gnome | <input type="checkbox"/> |
| elf | <input type="checkbox"/> |
| toadstool | <input type="checkbox"/> |
| fairy | <input type="checkbox"/> |
| leprechaun | <input type="checkbox"/> |

| 27 | |
|---------|--------------------------|
| shop | <input type="checkbox"/> |
| house | <input type="checkbox"/> |
| library | <input type="checkbox"/> |
| office | <input type="checkbox"/> |
| bank | <input type="checkbox"/> |

| 28 | |
|--------|--------------------------|
| leaf | <input type="checkbox"/> |
| stem | <input type="checkbox"/> |
| flower | <input type="checkbox"/> |
| bud | <input type="checkbox"/> |
| tree | <input type="checkbox"/> |

| 29 | |
|---------|--------------------------|
| tango | <input type="checkbox"/> |
| jig | <input type="checkbox"/> |
| boogie | <input type="checkbox"/> |
| saunter | <input type="checkbox"/> |
| jive | <input type="checkbox"/> |

| 30 | |
|---------|--------------------------|
| shark | <input type="checkbox"/> |
| crab | <input type="checkbox"/> |
| tuna | <input type="checkbox"/> |
| dolphin | <input type="checkbox"/> |
| whale | <input type="checkbox"/> |

| 31 | |
|----------|--------------------------|
| chair | <input type="checkbox"/> |
| cupboard | <input type="checkbox"/> |
| wardrobe | <input type="checkbox"/> |
| chest | <input type="checkbox"/> |
| cabinet | <input type="checkbox"/> |

| 32 | |
|-----------|--------------------------|
| morning | <input type="checkbox"/> |
| tomorrow | <input type="checkbox"/> |
| evening | <input type="checkbox"/> |
| night | <input type="checkbox"/> |
| afternoon | <input type="checkbox"/> |

| 33 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 34 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 35 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 36 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 37 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 38 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 39 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 40 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 41 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 42 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

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 | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| [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 | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| [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 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"/> |

EXAMPLE

| | | | |
|--------|-------------------------------------|--------|--------------------------|
| I | <input type="checkbox"/> | the | <input type="checkbox"/> |
| dishes | <input type="checkbox"/> | washed | <input type="checkbox"/> |
| bubble | <input checked="" type="checkbox"/> | | |

9

| | | | |
|----------|--------------------------|----------|--------------------------|
| our | <input type="checkbox"/> | hard | <input type="checkbox"/> |
| was | <input type="checkbox"/> | tomorrow | <input type="checkbox"/> |
| homework | <input type="checkbox"/> | | |

10

| | | | |
|--------|--------------------------|-------|--------------------------|
| my | <input type="checkbox"/> | is | <input type="checkbox"/> |
| called | <input type="checkbox"/> | Elvis | <input type="checkbox"/> |
| so | <input type="checkbox"/> | cat | <input type="checkbox"/> |

11

| | | | |
|-----|--------------------------|------------|--------------------------|
| for | <input type="checkbox"/> | school | <input type="checkbox"/> |
| I | <input type="checkbox"/> | playground | <input type="checkbox"/> |
| was | <input type="checkbox"/> | early | <input type="checkbox"/> |

12

| | | | |
|---------|--------------------------|--------|--------------------------|
| I | <input type="checkbox"/> | went | <input type="checkbox"/> |
| to | <input type="checkbox"/> | the | <input type="checkbox"/> |
| popcorn | <input type="checkbox"/> | cinema | <input type="checkbox"/> |

13

| | | | |
|--------|--------------------------|-------|--------------------------|
| dinner | <input type="checkbox"/> | had | <input type="checkbox"/> |
| stir | <input type="checkbox"/> | pasta | <input type="checkbox"/> |
| we | <input type="checkbox"/> | for | <input type="checkbox"/> |

14

| | | | |
|---------|--------------------------|------|--------------------------|
| likes | <input type="checkbox"/> | pond | <input type="checkbox"/> |
| Andrea | <input type="checkbox"/> | | |
| fishing | <input type="checkbox"/> | | |
| really | <input type="checkbox"/> | | |

15

| | | | |
|----------|--------------------------|---------|--------------------------|
| Marco | <input type="checkbox"/> | to | <input type="checkbox"/> |
| floor | <input type="checkbox"/> | climbed | <input type="checkbox"/> |
| the | <input type="checkbox"/> | top | <input type="checkbox"/> |
| climbing | <input type="checkbox"/> | | |

16

| | | | |
|--------|--------------------------|-------|--------------------------|
| has | <input type="checkbox"/> | the | <input type="checkbox"/> |
| door | <input type="checkbox"/> | blue | <input type="checkbox"/> |
| colour | <input type="checkbox"/> | paint | <input type="checkbox"/> |
| been | <input type="checkbox"/> | | |

EXAMPLE

| | |
|-------|-------------------------------------|
| beat | <input type="checkbox"/> |
| rock | <input checked="" type="checkbox"/> |
| music | <input type="checkbox"/> |
| drums | <input type="checkbox"/> |
| sing | <input type="checkbox"/> |

17

| | |
|---------|--------------------------|
| pudding | <input type="checkbox"/> |
| burger | <input type="checkbox"/> |
| roast | <input type="checkbox"/> |
| yoghurt | <input type="checkbox"/> |
| sweet | <input type="checkbox"/> |

18

| | |
|---------|--------------------------|
| dodo | <input type="checkbox"/> |
| zebra | <input type="checkbox"/> |
| man | <input type="checkbox"/> |
| extinct | <input type="checkbox"/> |
| mermaid | <input type="checkbox"/> |

19

| | |
|---------|--------------------------|
| Spain | <input type="checkbox"/> |
| island | <input type="checkbox"/> |
| holiday | <input type="checkbox"/> |
| country | <input type="checkbox"/> |
| nation | <input type="checkbox"/> |

20

| | |
|---------|--------------------------|
| student | <input type="checkbox"/> |
| dentist | <input type="checkbox"/> |
| work | <input type="checkbox"/> |
| job | <input type="checkbox"/> |
| adult | <input type="checkbox"/> |

21

| | |
|--------|--------------------------|
| log | <input type="checkbox"/> |
| bush | <input type="checkbox"/> |
| peanut | <input type="checkbox"/> |
| leaf | <input type="checkbox"/> |
| nut | <input type="checkbox"/> |

22

| | |
|-----------|--------------------------|
| bean | <input type="checkbox"/> |
| fruit | <input type="checkbox"/> |
| vegetable | <input type="checkbox"/> |
| cherry | <input type="checkbox"/> |
| grow | <input type="checkbox"/> |

EXAMPLE

| | |
|----------|-------------------------------------|
| friendly | <input type="checkbox"/> |
| cruel | <input type="checkbox"/> |
| kind | <input checked="" type="checkbox"/> |
| annoyed | <input type="checkbox"/> |

23

| | |
|----------|--------------------------|
| vast | <input type="checkbox"/> |
| small | <input type="checkbox"/> |
| narrow | <input type="checkbox"/> |
| delicate | <input type="checkbox"/> |

24

| | |
|--------|--------------------------|
| vacant | <input type="checkbox"/> |
| clear | <input type="checkbox"/> |
| vague | <input type="checkbox"/> |
| bright | <input type="checkbox"/> |

25

| | |
|---------|--------------------------|
| repeat | <input type="checkbox"/> |
| whisper | <input type="checkbox"/> |
| ask | <input type="checkbox"/> |
| giggle | <input type="checkbox"/> |

26

| | |
|-----------|--------------------------|
| dawdle | <input type="checkbox"/> |
| wait | <input type="checkbox"/> |
| unhurried | <input type="checkbox"/> |
| lazy | <input type="checkbox"/> |

27

| | |
|----------|--------------------------|
| funny | <input type="checkbox"/> |
| rude | <input type="checkbox"/> |
| selfish | <input type="checkbox"/> |
| friendly | <input type="checkbox"/> |

28

| | |
|--------|--------------------------|
| curved | <input type="checkbox"/> |
| crouch | <input type="checkbox"/> |
| flex | <input type="checkbox"/> |
| lean | <input type="checkbox"/> |

29

| | |
|----------|--------------------------|
| smooth | <input type="checkbox"/> |
| odd | <input type="checkbox"/> |
| folded | <input type="checkbox"/> |
| balanced | <input type="checkbox"/> |

30

| | |
|-----------|--------------------------|
| standard | <input type="checkbox"/> |
| blank | <input type="checkbox"/> |
| patterned | <input type="checkbox"/> |
| red | <input type="checkbox"/> |

31

| | |
|-------------|--------------------------|
| tired | <input type="checkbox"/> |
| busy | <input type="checkbox"/> |
| clever | <input type="checkbox"/> |
| hardworking | <input type="checkbox"/> |

32

| | |
|--------|--------------------------|
| sleepy | <input type="checkbox"/> |
| awake | <input type="checkbox"/> |
| bright | <input type="checkbox"/> |
| bored | <input type="checkbox"/> |

In questions 33-42, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

33 b e ? ? t i f u ?

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | e | <input type="checkbox"/> | r | <input type="checkbox"/> |
| u | <input type="checkbox"/> | a | <input type="checkbox"/> | s | <input type="checkbox"/> |
| e | <input type="checkbox"/> | u | <input type="checkbox"/> | l | <input type="checkbox"/> |

34 w ? ? t

| | | | |
|---|--------------------------|---|--------------------------|
| o | <input type="checkbox"/> | i | <input type="checkbox"/> |
| e | <input type="checkbox"/> | r | <input type="checkbox"/> |
| a | <input type="checkbox"/> | n | <input type="checkbox"/> |

35 p a ? ? ? d

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| r | <input type="checkbox"/> | c | <input type="checkbox"/> | a | <input type="checkbox"/> |
| l | <input type="checkbox"/> | k | <input type="checkbox"/> | o | <input type="checkbox"/> |
| e | <input type="checkbox"/> | m | <input type="checkbox"/> | e | <input type="checkbox"/> |

36 l ? ? ? e s

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| o | <input type="checkbox"/> | e | <input type="checkbox"/> | f | <input type="checkbox"/> |
| e | <input type="checkbox"/> | n | <input type="checkbox"/> | v | <input type="checkbox"/> |
| a | <input type="checkbox"/> | a | <input type="checkbox"/> | t | <input type="checkbox"/> |

37 f ? m ? ? y

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| i | <input type="checkbox"/> | i | <input type="checkbox"/> | t | <input type="checkbox"/> |
| a | <input type="checkbox"/> | e | <input type="checkbox"/> | n | <input type="checkbox"/> |
| e | <input type="checkbox"/> | a | <input type="checkbox"/> | l | <input type="checkbox"/> |

38 a d ? ? ? i n g

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| d | <input type="checkbox"/> | i | <input type="checkbox"/> | s | <input type="checkbox"/> |
| m | <input type="checkbox"/> | y | <input type="checkbox"/> | l | <input type="checkbox"/> |
| r | <input type="checkbox"/> | e | <input type="checkbox"/> | r | <input type="checkbox"/> |

39 g ? ? ? i n g

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | e | <input type="checkbox"/> | z | <input type="checkbox"/> |
| r | <input type="checkbox"/> | s | <input type="checkbox"/> | s | <input type="checkbox"/> |
| l | <input type="checkbox"/> | a | <input type="checkbox"/> | r | <input type="checkbox"/> |

40 c a ? ? ? t

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| r | <input type="checkbox"/> | g | <input type="checkbox"/> | o | <input type="checkbox"/> |
| o | <input type="checkbox"/> | r | <input type="checkbox"/> | h | <input type="checkbox"/> |
| u | <input type="checkbox"/> | h | <input type="checkbox"/> | g | <input type="checkbox"/> |

41 a p ? r ? ? c h e d

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| r | <input type="checkbox"/> | o | <input type="checkbox"/> | e | <input type="checkbox"/> |
| p | <input type="checkbox"/> | a | <input type="checkbox"/> | a | <input type="checkbox"/> |
| e | <input type="checkbox"/> | e | <input type="checkbox"/> | n | <input type="checkbox"/> |

42 n ? t ? ? e d

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| i | <input type="checkbox"/> | o | <input type="checkbox"/> | c | <input type="checkbox"/> |
| e | <input type="checkbox"/> | a | <input type="checkbox"/> | s | <input type="checkbox"/> |
| o | <input type="checkbox"/> | i | <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 | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Please mark like this:

TEST 3

- 1
A
B
C
D
- 2
A
B
C
D
- 3
A
B
C
D
- 4
A
B
C
D
- 5
A
B
C
D
- 6
A
B
C
D
- 7
A
B
C
D
- 8
A
B
C
D

In questions 9-16, 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

| | | | | |
|---|-------------------------------------|---|---|---|
| b | ? | g | g | ? |
| o | <input type="checkbox"/> | | | e |
| a | <input checked="" type="checkbox"/> | | | i |
| u | <input type="checkbox"/> | | | y |

9 t ? ? t h

| | | | |
|---|--------------------------|---|--------------------------|
| h | <input type="checkbox"/> | e | <input type="checkbox"/> |
| r | <input type="checkbox"/> | o | <input type="checkbox"/> |
| e | <input type="checkbox"/> | u | <input type="checkbox"/> |

10 u ? c o ? m ? n

| | | | | | | | |
|---|--------------------------|--|--|---|--------------------------|---|--------------------------|
| n | <input type="checkbox"/> | | | r | <input type="checkbox"/> | u | <input type="checkbox"/> |
| p | <input type="checkbox"/> | | | m | <input type="checkbox"/> | i | <input type="checkbox"/> |
| o | <input type="checkbox"/> | | | o | <input type="checkbox"/> | o | <input type="checkbox"/> |

11 ? i x ? u ? e

| | | | | | | | |
|---|--------------------------|--|--|---|--------------------------|---|--------------------------|
| l | <input type="checkbox"/> | | | d | <input type="checkbox"/> | l | <input type="checkbox"/> |
| m | <input type="checkbox"/> | | | e | <input type="checkbox"/> | r | <input type="checkbox"/> |
| f | <input type="checkbox"/> | | | t | <input type="checkbox"/> | s | <input type="checkbox"/> |

12 w e i ? ? t y

| | | | |
|---|--------------------------|---|--------------------------|
| h | <input type="checkbox"/> | h | <input type="checkbox"/> |
| n | <input type="checkbox"/> | t | <input type="checkbox"/> |
| g | <input type="checkbox"/> | a | <input type="checkbox"/> |

13 r ? ? h

| | | | |
|---|--------------------------|---|--------------------------|
| i | <input type="checkbox"/> | t | <input type="checkbox"/> |
| u | <input type="checkbox"/> | s | <input type="checkbox"/> |
| y | <input type="checkbox"/> | c | <input type="checkbox"/> |

14 c o u ? t l ? s ?

| | | | | | | | |
|---|--------------------------|--|--|---|--------------------------|---|--------------------------|
| r | <input type="checkbox"/> | | | e | <input type="checkbox"/> | t | <input type="checkbox"/> |
| s | <input type="checkbox"/> | | | a | <input type="checkbox"/> | s | <input type="checkbox"/> |
| n | <input type="checkbox"/> | | | i | <input type="checkbox"/> | e | <input type="checkbox"/> |

15 s l ? ?

| | | | |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | m | <input type="checkbox"/> |
| i | <input type="checkbox"/> | n | <input type="checkbox"/> |
| u | <input type="checkbox"/> | p | <input type="checkbox"/> |

16 r ? m ? m b ? r

| | | | | | | | | | |
|---|--------------------------|--|--|---|--------------------------|--|--|---|--------------------------|
| a | <input type="checkbox"/> | | | e | <input type="checkbox"/> | | | e | <input type="checkbox"/> |
| i | <input type="checkbox"/> | | | a | <input type="checkbox"/> | | | i | <input type="checkbox"/> |
| e | <input type="checkbox"/> | | | o | <input type="checkbox"/> | | | o | <input type="checkbox"/> |

- 17
A
B
C
- 18
A
B
C
- 19
A
B
C
- 20
A
B
C
- 21
A
B
C
- 22
A
B
C
- 23
A
B
C
- 24
A
B
C
- 25
A
B
C
- 26
A
B
C

EXAMPLE

friendly

cruel

kind

annoyed

27

begin

seal

busy

action

28

hard

force

powerful

feeble

29

sharp

rude

direct

faint

30

clock

love

punctual

tardy

31

lie

fake

sincere

proven

32

emergency

trivial

fine

serious

33

money

risky

secure

prepared

34

thoughtful

strange

funny

indifferent

35

tight

heavy

empty

light

36

ice

scorching

melt

freeze

EXAMPLE

cat

dog

rabbit

lion

hamster

37

meal

supper

breakfast

lunch

dinner

38

skip

bound

spring

chase

leap

39

cupcake

cookie

pastry

teacake

biscuit

40

ladybird

beetle

butterfly

wasp

wren

41

glass

cup

beaker

saucer

mug

42

basil

parsley

oak

thyme

mint

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 | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| [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 | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| [0] | [0] | [0] | [0] | [0] | [0] |
| [1] | [1] | [1] | [1] | [1] | [1] |
| [2] | [2] | [2] | [2] | [2] | [2] |
| [3] | [3] | [3] | [3] | [3] | [3] |
| [4] | [4] | [4] | [4] | [4] | [4] |
| [5] | [5] | [5] | [5] | [5] | [5] |
| [6] | [6] | [6] | [6] | [6] | [6] |
| [7] | [7] | [7] | [7] | [7] | [7] |
| [8] | [8] | [8] | [8] | [8] | [8] |
| [9] | [9] | [9] | [9] | [9] | [9] |

Please mark like this:

TEST 4

| | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> | A <input type="checkbox"/> |
| B <input type="checkbox"/> | B <input type="checkbox"/> | B <input type="checkbox"/> | B <input type="checkbox"/> | B <input type="checkbox"/> | B <input type="checkbox"/> | B <input type="checkbox"/> | B <input type="checkbox"/> |
| C <input type="checkbox"/> | C <input type="checkbox"/> | C <input type="checkbox"/> | C <input type="checkbox"/> | C <input type="checkbox"/> | C <input type="checkbox"/> | C <input type="checkbox"/> | C <input type="checkbox"/> |
| D <input type="checkbox"/> | D <input type="checkbox"/> | D <input type="checkbox"/> | D <input type="checkbox"/> | D <input type="checkbox"/> | D <input type="checkbox"/> | D <input type="checkbox"/> | D <input type="checkbox"/> |

In questions 9-16, 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

[?] a u [?] [?]

w r g

l g f

c h h

9 g l [?] [?]

e b

a e

i d

10 s [?] [?] e n t

e l

p e

i d

11 r [?] [?] [?] d

a v a

i l i

e p o

12 h u m [?] [?] [?] l e s s

a r e

o e r

e u l

13 u n g r [?] [?] [?] f u l

a n e

i t o

e a t

14 [?] o d [?] r n

r e

s a

m o

15 d [?] [?]

o e

a y

r p

16 b l [?] n [?]

a s

e t

u d

EXAMPLE

noise

shout

silent

fairly

17 cruel

just

play

ugly

18 fall

trip

medicine

ache

19 amble

run

race

jog

20 glue

stain

paste

brush

21 twirl

tip

circle

round

22 open

portion

cake

start

23 scary

bright

faint

dim

24 nibble

guzzle

taste

spill

25 argue

hurt

bandage

relieve

26 shine

surprise

annoy

laugh

EXAMPLE

| | | | |
|--------|-------------------------------------|--------|--------------------------|
| I | <input type="checkbox"/> | the | <input type="checkbox"/> |
| dishes | <input type="checkbox"/> | washed | <input type="checkbox"/> |
| bubble | <input checked="" type="checkbox"/> | | |

27

| | | | |
|--------|--------------------------|------|--------------------------|
| friend | <input type="checkbox"/> | best | <input type="checkbox"/> |
| Cassie | <input type="checkbox"/> | is | <input type="checkbox"/> |
| are | <input type="checkbox"/> | my | <input type="checkbox"/> |

28

| | | | |
|-------|--------------------------|-------|--------------------------|
| Bruno | <input type="checkbox"/> | flies | <input type="checkbox"/> |
| to | <input type="checkbox"/> | on | <input type="checkbox"/> |
| likes | <input type="checkbox"/> | chase | <input type="checkbox"/> |

29

| | | | |
|--------|--------------------------|-------|--------------------------|
| in | <input type="checkbox"/> | tiger | <input type="checkbox"/> |
| queasy | <input type="checkbox"/> | the | <input type="checkbox"/> |
| felt | <input type="checkbox"/> | | |

30

| | | | |
|---------|--------------------------|-------|--------------------------|
| lasagne | <input type="checkbox"/> | the | <input type="checkbox"/> |
| grows | <input type="checkbox"/> | makes | <input type="checkbox"/> |
| Mum | <input type="checkbox"/> | best | <input type="checkbox"/> |

31

| | | | |
|-----|--------------------------|--------|--------------------------|
| I | <input type="checkbox"/> | poem | <input type="checkbox"/> |
| the | <input type="checkbox"/> | pen | <input type="checkbox"/> |
| out | <input type="checkbox"/> | copied | <input type="checkbox"/> |

32

| | | | |
|------|--------------------------|---------|--------------------------|
| Fion | <input type="checkbox"/> | singing | <input type="checkbox"/> |
| of | <input type="checkbox"/> | tune | <input type="checkbox"/> |
| sang | <input type="checkbox"/> | out | <input type="checkbox"/> |
| is | <input type="checkbox"/> | | |

In questions 33-42, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

33 g r e ? n g r o ? ? r

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | c | <input type="checkbox"/> | e | <input type="checkbox"/> |
| i | <input type="checkbox"/> | a | <input type="checkbox"/> | o | <input type="checkbox"/> |
| e | <input type="checkbox"/> | s | <input type="checkbox"/> | a | <input type="checkbox"/> |

34 f a v ? ? r ? t e

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | e | <input type="checkbox"/> | a | <input type="checkbox"/> |
| o | <input type="checkbox"/> | a | <input type="checkbox"/> | i | <input type="checkbox"/> |
| e | <input type="checkbox"/> | u | <input type="checkbox"/> | e | <input type="checkbox"/> |

35 v e g ? t ? b l ? s

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| e | <input type="checkbox"/> | e | <input type="checkbox"/> | e | <input type="checkbox"/> |
| a | <input type="checkbox"/> | a | <input type="checkbox"/> | s | <input type="checkbox"/> |
| i | <input type="checkbox"/> | o | <input type="checkbox"/> | l | <input type="checkbox"/> |

36 p ? ? c e

| | | | |
|---|--------------------------|---|--------------------------|
| e | <input type="checkbox"/> | i | <input type="checkbox"/> |
| i | <input type="checkbox"/> | e | <input type="checkbox"/> |
| r | <input type="checkbox"/> | a | <input type="checkbox"/> |

37 s a t ? s f a c t ? ? n

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | i | <input type="checkbox"/> | i | <input type="checkbox"/> |
| i | <input type="checkbox"/> | s | <input type="checkbox"/> | o | <input type="checkbox"/> |
| e | <input type="checkbox"/> | o | <input type="checkbox"/> | a | <input type="checkbox"/> |

38 a d m ? t ? ? d

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| e | <input type="checkbox"/> | t | <input type="checkbox"/> | i | <input type="checkbox"/> |
| i | <input type="checkbox"/> | e | <input type="checkbox"/> | e | <input type="checkbox"/> |
| a | <input type="checkbox"/> | i | <input type="checkbox"/> | a | <input type="checkbox"/> |

39 e l ? g ? ? t

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

40 a t m o s ? ? ? r e

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| t | <input type="checkbox"/> | h | <input type="checkbox"/> | e | <input type="checkbox"/> |
| p | <input type="checkbox"/> | e | <input type="checkbox"/> | a | <input type="checkbox"/> |
| f | <input type="checkbox"/> | i | <input type="checkbox"/> | o | <input type="checkbox"/> |

41 b r ? ? ? t

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| e | <input type="checkbox"/> | u | <input type="checkbox"/> | h | <input type="checkbox"/> |
| i | <input type="checkbox"/> | g | <input type="checkbox"/> | e | <input type="checkbox"/> |
| o | <input type="checkbox"/> | l | <input type="checkbox"/> | s | <input type="checkbox"/> |

42 w a ? ? d

| | | | |
|---|--------------------------|---|--------------------------|
| l | <input type="checkbox"/> | e | <input type="checkbox"/> |
| v | <input type="checkbox"/> | k | <input type="checkbox"/> |
| r | <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"/> |
| [0] | January | <input type="text"/> |
| [1] | February | <input type="text"/> |
| [2] | March | <input type="text"/> |
| [3] | April | <input type="text"/> |
| | May | <input type="text"/> |
| | June | <input type="text"/> |
| | July | <input type="text"/> |
| | August | <input type="text"/> |
| | September | <input type="text"/> |
| | October | <input type="text"/> |
| | November | <input type="text"/> |
| | December | <input type="text"/> |

| PUPIL NUMBER | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| [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 | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| [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 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"/> |

EXAMPLE

| | |
|---------|-------------------------------------|
| cat | <input type="checkbox"/> |
| dog | <input type="checkbox"/> |
| rabbit | <input type="checkbox"/> |
| lion | <input checked="" type="checkbox"/> |
| hamster | <input type="checkbox"/> |

9

| | |
|------------|--------------------------|
| boiling | <input type="checkbox"/> |
| freezing | <input type="checkbox"/> |
| scorching | <input type="checkbox"/> |
| blazing | <input type="checkbox"/> |
| sweltering | <input type="checkbox"/> |

10

| | |
|----------|--------------------------|
| sticky | <input type="checkbox"/> |
| tacky | <input type="checkbox"/> |
| gluey | <input type="checkbox"/> |
| attached | <input type="checkbox"/> |
| syrupey | <input type="checkbox"/> |

11

| | |
|---------|--------------------------|
| laugh | <input type="checkbox"/> |
| giggle | <input type="checkbox"/> |
| mutter | <input type="checkbox"/> |
| chuckle | <input type="checkbox"/> |
| snigger | <input type="checkbox"/> |

12

| | |
|----------|--------------------------|
| write | <input type="checkbox"/> |
| scrawl | <input type="checkbox"/> |
| inscribe | <input type="checkbox"/> |
| print | <input type="checkbox"/> |
| draw | <input type="checkbox"/> |

13

| | |
|--------|--------------------------|
| paper | <input type="checkbox"/> |
| cotton | <input type="checkbox"/> |
| silk | <input type="checkbox"/> |
| wool | <input type="checkbox"/> |
| felt | <input type="checkbox"/> |

14

| | |
|----------|--------------------------|
| squirrel | <input type="checkbox"/> |
| mouse | <input type="checkbox"/> |
| crow | <input type="checkbox"/> |
| vole | <input type="checkbox"/> |
| rat | <input type="checkbox"/> |

EXAMPLE

| | |
|--------|-------------------------------------|
| noise | <input type="checkbox"/> |
| shout | <input type="checkbox"/> |
| silent | <input checked="" type="checkbox"/> |
| fairly | <input type="checkbox"/> |

15

| | |
|------------|--------------------------|
| usual | <input type="checkbox"/> |
| new | <input type="checkbox"/> |
| bizarre | <input type="checkbox"/> |
| unexpected | <input type="checkbox"/> |

16

| | |
|----------|--------------------------|
| soft | <input type="checkbox"/> |
| delicate | <input type="checkbox"/> |
| broken | <input type="checkbox"/> |
| smooth | <input type="checkbox"/> |

17

| | |
|---------|--------------------------|
| roar | <input type="checkbox"/> |
| sob | <input type="checkbox"/> |
| chortle | <input type="checkbox"/> |
| whisper | <input type="checkbox"/> |

18

| | |
|----------|--------------------------|
| stop | <input type="checkbox"/> |
| disagree | <input type="checkbox"/> |
| admit | <input type="checkbox"/> |
| decline | <input type="checkbox"/> |

19

| | |
|---------|--------------------------|
| tear | <input type="checkbox"/> |
| balloon | <input type="checkbox"/> |
| pop | <input type="checkbox"/> |
| block | <input type="checkbox"/> |

20

| | |
|--------|--------------------------|
| known | <input type="checkbox"/> |
| shared | <input type="checkbox"/> |
| secret | <input type="checkbox"/> |
| unique | <input type="checkbox"/> |

21

| | |
|--------|--------------------------|
| tip | <input type="checkbox"/> |
| roll | <input type="checkbox"/> |
| shiver | <input type="checkbox"/> |
| steady | <input type="checkbox"/> |

22

| | |
|---------|--------------------------|
| examine | <input type="checkbox"/> |
| write | <input type="checkbox"/> |
| glance | <input type="checkbox"/> |
| library | <input type="checkbox"/> |

EXAMPLE

| | |
|----------|-------------------------------------|
| friendly | <input type="checkbox"/> |
| cruel | <input type="checkbox"/> |
| kind | <input checked="" type="checkbox"/> |
| annoyed | <input type="checkbox"/> |

23

| | |
|--------|--------------------------|
| sour | <input type="checkbox"/> |
| sweet | <input type="checkbox"/> |
| tasty | <input type="checkbox"/> |
| strong | <input type="checkbox"/> |

24

| | |
|-----------|--------------------------|
| good | <input type="checkbox"/> |
| careful | <input type="checkbox"/> |
| fault | <input type="checkbox"/> |
| blameless | <input type="checkbox"/> |

25

| | |
|----------|--------------------------|
| agree | <input type="checkbox"/> |
| suffer | <input type="checkbox"/> |
| tolerate | <input type="checkbox"/> |
| calm | <input type="checkbox"/> |

26

| | |
|----------|--------------------------|
| bulky | <input type="checkbox"/> |
| strict | <input type="checkbox"/> |
| hard | <input type="checkbox"/> |
| powerful | <input type="checkbox"/> |

27

| | |
|--------|--------------------------|
| bright | <input type="checkbox"/> |
| dark | <input type="checkbox"/> |
| busy | <input type="checkbox"/> |
| drab | <input type="checkbox"/> |

28

| | |
|------------|--------------------------|
| superior | <input type="checkbox"/> |
| modest | <input type="checkbox"/> |
| discontent | <input type="checkbox"/> |
| upset | <input type="checkbox"/> |

29

| | |
|----------|--------------------------|
| annoying | <input type="checkbox"/> |
| muddled | <input type="checkbox"/> |
| calming | <input type="checkbox"/> |
| noisy | <input type="checkbox"/> |

30

| | |
|----------|--------------------------|
| research | <input type="checkbox"/> |
| wonder | <input type="checkbox"/> |
| analyse | <input type="checkbox"/> |
| ignore | <input type="checkbox"/> |

31

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

32

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

33

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

34

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

35

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

36

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

37

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

38

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

39

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

40

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

41

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

42

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

Pupil's name:

Test date:

School name:

| DATE OF BIRTH | | |
|---------------|-----------|------|
| Day | Month | Year |
| [0] | January | [0] |
| [1] | February | [1] |
| [2] | March | [2] |
| [3] | April | [3] |
| [4] | May | [4] |
| [5] | June | [5] |
| [6] | July | [6] |
| [7] | August | [7] |
| [8] | September | [8] |
| [9] | October | [9] |
| | November | |
| | December | |

| 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
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

In questions 9-18, each word has one or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

EXAMPLE

| | | | | | |
|---|-------------------------------------|---|---|---|-------------------------------------|
| b | ? | g | g | ? | |
| o | <input type="checkbox"/> | | | e | <input type="checkbox"/> |
| a | <input checked="" type="checkbox"/> | | | i | <input type="checkbox"/> |
| u | <input type="checkbox"/> | | | y | <input checked="" type="checkbox"/> |

9 e n t ? r t ? ? n i n g

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | i | <input type="checkbox"/> | e | <input type="checkbox"/> |
| u | <input type="checkbox"/> | a | <input type="checkbox"/> | n | <input type="checkbox"/> |
| e | <input type="checkbox"/> | t | <input type="checkbox"/> | i | <input type="checkbox"/> |

10 d ? s c o ? ? r

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| y | <input type="checkbox"/> | b | <input type="checkbox"/> | a | <input type="checkbox"/> |
| i | <input type="checkbox"/> | l | <input type="checkbox"/> | o | <input type="checkbox"/> |
| e | <input type="checkbox"/> | v | <input type="checkbox"/> | e | <input type="checkbox"/> |

11 t u m ? ? ?

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| b | <input type="checkbox"/> | l | <input type="checkbox"/> | y | <input type="checkbox"/> |
| d | <input type="checkbox"/> | r | <input type="checkbox"/> | l | <input type="checkbox"/> |
| m | <input type="checkbox"/> | e | <input type="checkbox"/> | e | <input type="checkbox"/> |

12 l ? ? p

| | | | |
|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | i | <input type="checkbox"/> |
| i | <input type="checkbox"/> | e | <input type="checkbox"/> |
| e | <input type="checkbox"/> | a | <input type="checkbox"/> |

13 i r ? ? t a t ? n g

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | a | <input type="checkbox"/> | e | <input type="checkbox"/> |
| i | <input type="checkbox"/> | i | <input type="checkbox"/> | o | <input type="checkbox"/> |
| r | <input type="checkbox"/> | t | <input type="checkbox"/> | i | <input type="checkbox"/> |

14 s c ? t t ? ?

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| i | <input type="checkbox"/> | a | <input type="checkbox"/> | h | <input type="checkbox"/> |
| a | <input type="checkbox"/> | r | <input type="checkbox"/> | e | <input type="checkbox"/> |
| e | <input type="checkbox"/> | e | <input type="checkbox"/> | r | <input type="checkbox"/> |

15 s ? i m ? ? r

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| h | <input type="checkbox"/> | t | <input type="checkbox"/> | e | <input type="checkbox"/> |
| k | <input type="checkbox"/> | p | <input type="checkbox"/> | o | <input type="checkbox"/> |
| l | <input type="checkbox"/> | m | <input type="checkbox"/> | a | <input type="checkbox"/> |

16 m ? ? s i n ?

| | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|
| a | <input type="checkbox"/> | t | <input type="checkbox"/> | n | <input type="checkbox"/> |
| e | <input type="checkbox"/> | s | <input type="checkbox"/> | t | <input type="checkbox"/> |
| i | <input type="checkbox"/> | c | <input type="checkbox"/> | g | <input type="checkbox"/> |

17 ? i ? g

| | | | |
|---|--------------------------|---|--------------------------|
| b | <input type="checkbox"/> | r | <input type="checkbox"/> |
| r | <input type="checkbox"/> | n | <input type="checkbox"/> |
| s | <input type="checkbox"/> | m | <input type="checkbox"/> |

18 g ? s t

| | |
|---|--------------------------|
| o | <input type="checkbox"/> |
| u | <input type="checkbox"/> |
| a | <input type="checkbox"/> |

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

EXAMPLE

| | | | | |
|----------------------------|---|---|----------------------------|----------------------------|
| ? | a | u | ? | ? |
| w <input type="checkbox"/> | | | r <input type="checkbox"/> | g <input type="checkbox"/> |
| l <input type="checkbox"/> | | | g <input type="checkbox"/> | f <input type="checkbox"/> |
| c <input type="checkbox"/> | | | h <input type="checkbox"/> | h <input type="checkbox"/> |

19 d i ? ? ? n t

| | | |
|----------------------------|----------------------------|----------------------------|
| s <input type="checkbox"/> | e <input type="checkbox"/> | a <input type="checkbox"/> |
| c <input type="checkbox"/> | t <input type="checkbox"/> | i <input type="checkbox"/> |
| t <input type="checkbox"/> | s <input type="checkbox"/> | e <input type="checkbox"/> |

20 c ? n c ? ? l

| | | | |
|----------------------------|--|----------------------------|----------------------------|
| e <input type="checkbox"/> | | e <input type="checkbox"/> | a <input type="checkbox"/> |
| y <input type="checkbox"/> | | a <input type="checkbox"/> | e <input type="checkbox"/> |
| o <input type="checkbox"/> | | o <input type="checkbox"/> | i <input type="checkbox"/> |

21 w ? ? d

| | |
|----------------------------|----------------------------|
| e <input type="checkbox"/> | i <input type="checkbox"/> |
| r <input type="checkbox"/> | l <input type="checkbox"/> |
| i <input type="checkbox"/> | n <input type="checkbox"/> |

22 s ? r a ? n y

| | |
|----------------------------|----------------------------|
| k <input type="checkbox"/> | w <input type="checkbox"/> |
| c <input type="checkbox"/> | g <input type="checkbox"/> |
| h <input type="checkbox"/> | u <input type="checkbox"/> |

23 f ? e ?

| | |
|----------------------------|----------------------------|
| l <input type="checkbox"/> | y <input type="checkbox"/> |
| r <input type="checkbox"/> | e <input type="checkbox"/> |
| e <input type="checkbox"/> | r <input type="checkbox"/> |

24 ? i ? p ? e

| | | |
|----------------------------|----------------------------|----------------------------|
| c <input type="checkbox"/> | n <input type="checkbox"/> | p <input type="checkbox"/> |
| d <input type="checkbox"/> | m <input type="checkbox"/> | l <input type="checkbox"/> |
| s <input type="checkbox"/> | p <input type="checkbox"/> | i <input type="checkbox"/> |

25 r e p ? l ? i v ?

| | | |
|----------------------------|----------------------------|----------------------------|
| a <input type="checkbox"/> | s <input type="checkbox"/> | e <input type="checkbox"/> |
| o <input type="checkbox"/> | c <input type="checkbox"/> | o <input type="checkbox"/> |
| u <input type="checkbox"/> | l <input type="checkbox"/> | y <input type="checkbox"/> |

26 c o ? ? ? c t

| | | |
|----------------------------|----------------------------|----------------------------|
| o <input type="checkbox"/> | r <input type="checkbox"/> | e <input type="checkbox"/> |
| r <input type="checkbox"/> | o <input type="checkbox"/> | i <input type="checkbox"/> |
| n <input type="checkbox"/> | e <input type="checkbox"/> | a <input type="checkbox"/> |

27 h ? d d ? ?

| | | |
|----------------------------|----------------------------|----------------------------|
| o <input type="checkbox"/> | a <input type="checkbox"/> | m <input type="checkbox"/> |
| e <input type="checkbox"/> | o <input type="checkbox"/> | n <input type="checkbox"/> |
| i <input type="checkbox"/> | e <input type="checkbox"/> | r <input type="checkbox"/> |

28 m a t ? ? ?

| | | |
|----------------------------|----------------------------|----------------------------|
| u <input type="checkbox"/> | a <input type="checkbox"/> | e <input type="checkbox"/> |
| t <input type="checkbox"/> | o <input type="checkbox"/> | n <input type="checkbox"/> |
| e <input type="checkbox"/> | r <input type="checkbox"/> | r <input type="checkbox"/> |

EXAMPLE

| | |
|-------|-------------------------------------|
| beat | <input type="checkbox"/> |
| rock | <input checked="" type="checkbox"/> |
| music | <input type="checkbox"/> |
| drums | <input type="checkbox"/> |
| sing | <input type="checkbox"/> |

29

| | |
|------------|--------------------------|
| sound | <input type="checkbox"/> |
| music | <input type="checkbox"/> |
| instrument | <input type="checkbox"/> |
| drums | <input type="checkbox"/> |
| flute | <input type="checkbox"/> |

30

| | |
|---------|--------------------------|
| horse | <input type="checkbox"/> |
| tractor | <input type="checkbox"/> |
| cow | <input type="checkbox"/> |
| piglet | <input type="checkbox"/> |
| farm | <input type="checkbox"/> |

31

| | |
|----------|--------------------------|
| Saturday | <input type="checkbox"/> |
| weekend | <input type="checkbox"/> |
| morning | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> |
| Sunday | <input type="checkbox"/> |

32

| | |
|----------|--------------------------|
| cottage | <input type="checkbox"/> |
| patio | <input type="checkbox"/> |
| building | <input type="checkbox"/> |
| grand | <input type="checkbox"/> |
| home | <input type="checkbox"/> |

In questions 33-42, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

33 f ? r w ? ? d

| | | | |
|----------------------------|--|----------------------------|----------------------------|
| e <input type="checkbox"/> | | e <input type="checkbox"/> | r <input type="checkbox"/> |
| o <input type="checkbox"/> | | r <input type="checkbox"/> | o <input type="checkbox"/> |
| u <input type="checkbox"/> | | a <input type="checkbox"/> | a <input type="checkbox"/> |

34 t ? ? s i n ?

| | | |
|----------------------------|----------------------------|----------------------------|
| e <input type="checkbox"/> | e <input type="checkbox"/> | g <input type="checkbox"/> |
| i <input type="checkbox"/> | s <input type="checkbox"/> | t <input type="checkbox"/> |
| a <input type="checkbox"/> | a <input type="checkbox"/> | s <input type="checkbox"/> |

35 p ? ? n f u ?

| | | |
|----------------------------|----------------------------|----------------------------|
| e <input type="checkbox"/> | e <input type="checkbox"/> | l <input type="checkbox"/> |
| i <input type="checkbox"/> | i <input type="checkbox"/> | n <input type="checkbox"/> |
| a <input type="checkbox"/> | a <input type="checkbox"/> | r <input type="checkbox"/> |

36 t ? ? ? h

| | | |
|----------------------------|----------------------------|----------------------------|
| e <input type="checkbox"/> | e <input type="checkbox"/> | r <input type="checkbox"/> |
| o <input type="checkbox"/> | o <input type="checkbox"/> | g <input type="checkbox"/> |
| r <input type="checkbox"/> | a <input type="checkbox"/> | t <input type="checkbox"/> |

37 p r ? p ? r ?

| | | |
|----------------------------|----------------------------|----------------------------|
| e <input type="checkbox"/> | e <input type="checkbox"/> | r <input type="checkbox"/> |
| o <input type="checkbox"/> | r <input type="checkbox"/> | y <input type="checkbox"/> |
| u <input type="checkbox"/> | a <input type="checkbox"/> | e <input type="checkbox"/> |

38 e x p e r ? ? n ? e

| | | |
|----------------------------|----------------------------|----------------------------|
| i <input type="checkbox"/> | a <input type="checkbox"/> | c <input type="checkbox"/> |
| o <input type="checkbox"/> | i <input type="checkbox"/> | s <input type="checkbox"/> |
| e <input type="checkbox"/> | e <input type="checkbox"/> | v <input type="checkbox"/> |

39 l ? ? k e ?

| | | |
|----------------------------|----------------------------|----------------------------|
| e <input type="checkbox"/> | o <input type="checkbox"/> | d <input type="checkbox"/> |
| o <input type="checkbox"/> | c <input type="checkbox"/> | n <input type="checkbox"/> |
| i <input type="checkbox"/> | a <input type="checkbox"/> | t <input type="checkbox"/> |

40 s ? i c k ? ?

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

41 s p ? r k ? ? n g

| | | |
|----------------------------|----------------------------|----------------------------|
| a <input type="checkbox"/> | e <input type="checkbox"/> | e <input type="checkbox"/> |
| o <input type="checkbox"/> | i <input type="checkbox"/> | l <input type="checkbox"/> |
| e <input type="checkbox"/> | l <input type="checkbox"/> | i <input type="checkbox"/> |

42 s p e ? ? ? l

| | | |
|----------------------------|----------------------------|----------------------------|
| i <input type="checkbox"/> | i <input type="checkbox"/> | u <input type="checkbox"/> |
| c <input type="checkbox"/> | c <input type="checkbox"/> | i <input type="checkbox"/> |
| s <input type="checkbox"/> | h <input type="checkbox"/> | a <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 | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| [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 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"/> |
|--|--|--|--|--|--|--|--|

| | | | | | |
|---|---|--|--|--|--|
| EXAMPLE friendly <input type="checkbox"/> cruel <input type="checkbox"/> kind <input checked="" type="checkbox"/> annoyed <input type="checkbox"/> | 9 straight <input type="checkbox"/> frizzy <input type="checkbox"/> tousled <input type="checkbox"/> neat <input type="checkbox"/> | 10 new <input type="checkbox"/> contemporary <input type="checkbox"/> historic <input type="checkbox"/> wave <input type="checkbox"/> | 11 rush <input type="checkbox"/> walk <input type="checkbox"/> relax <input type="checkbox"/> loiter <input type="checkbox"/> | 12 crazy <input type="checkbox"/> berserk <input type="checkbox"/> happy <input type="checkbox"/> calm <input type="checkbox"/> | 13 hollow <input type="checkbox"/> congested <input type="checkbox"/> stuck <input type="checkbox"/> tired <input type="checkbox"/> |
|---|---|--|--|--|--|

| | | | | |
|---|---|--|--|--|
| 14 confusing <input type="checkbox"/> complicated <input type="checkbox"/> interesting <input type="checkbox"/> straightforward <input type="checkbox"/> | 15 costly <input type="checkbox"/> reasonable <input type="checkbox"/> overpriced <input type="checkbox"/> lavish <input type="checkbox"/> | 16 friendly <input type="checkbox"/> busy <input type="checkbox"/> unfriendly <input type="checkbox"/> talkative <input type="checkbox"/> | 17 irrational <input type="checkbox"/> eccentric <input type="checkbox"/> routine <input type="checkbox"/> intelligent <input type="checkbox"/> | 18 arrive <input type="checkbox"/> travel <input type="checkbox"/> departure <input type="checkbox"/> turn <input type="checkbox"/> |
|---|---|--|--|--|

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

| | | |
|--|---|--|
| EXAMPLE b ? g g ? o <input type="checkbox"/> e <input type="checkbox"/> a <input checked="" type="checkbox"/> i <input type="checkbox"/> u <input type="checkbox"/> y <input checked="" type="checkbox"/> | 19 a ? t ? v ? c <input type="checkbox"/> e <input type="checkbox"/> e <input type="checkbox"/> q <input type="checkbox"/> i <input type="checkbox"/> y <input type="checkbox"/> k <input type="checkbox"/> a <input type="checkbox"/> a <input type="checkbox"/> | 20 f o ? l i ? h a <input type="checkbox"/> s <input type="checkbox"/> o <input type="checkbox"/> t <input type="checkbox"/> u <input type="checkbox"/> c <input type="checkbox"/> |
|--|---|--|

| | | |
|---|---|---|
| 21 s p ? c i ? ? c i <input type="checkbox"/> p <input type="checkbox"/> i <input type="checkbox"/> e <input type="checkbox"/> v <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> f <input type="checkbox"/> h <input type="checkbox"/> | 22 e ? p ? ? l <input type="checkbox"/> t <input type="checkbox"/> y <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/> i <input type="checkbox"/> m <input type="checkbox"/> p <input type="checkbox"/> e <input type="checkbox"/> | 23 ? i s ? a ? e m <input type="checkbox"/> s <input type="checkbox"/> p <input type="checkbox"/> f <input type="checkbox"/> t <input type="checkbox"/> k <input type="checkbox"/> n <input type="checkbox"/> h <input type="checkbox"/> r <input type="checkbox"/> |
|---|---|---|

| | | |
|--|--|--|
| 24 g ? ? e i <input type="checkbox"/> t <input type="checkbox"/> e <input type="checkbox"/> v <input type="checkbox"/> a <input type="checkbox"/> m <input type="checkbox"/> | 25 c ? m b ? n e e <input type="checkbox"/> i <input type="checkbox"/> o <input type="checkbox"/> e <input type="checkbox"/> a <input type="checkbox"/> a <input type="checkbox"/> | 26 o r ? e ? ? y t <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> l <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> |
|--|--|--|

| EXAMPLE | |
|---------|-------------------------------------|
| cat | <input type="checkbox"/> |
| dog | <input type="checkbox"/> |
| rabbit | <input type="checkbox"/> |
| lion | <input checked="" type="checkbox"/> |
| hamster | <input type="checkbox"/> |

| 27 | |
|-----------|--------------------------|
| van | <input type="checkbox"/> |
| bike | <input type="checkbox"/> |
| car | <input type="checkbox"/> |
| lorry | <input type="checkbox"/> |
| campervan | <input type="checkbox"/> |

| 28 | |
|-----------|--------------------------|
| piano | <input type="checkbox"/> |
| flute | <input type="checkbox"/> |
| oboe | <input type="checkbox"/> |
| saxophone | <input type="checkbox"/> |
| trombone | <input type="checkbox"/> |

| 29 | |
|------------|--------------------------|
| coat | <input type="checkbox"/> |
| cardigan | <input type="checkbox"/> |
| anorak | <input type="checkbox"/> |
| jacket | <input type="checkbox"/> |
| mackintosh | <input type="checkbox"/> |

| 30 | |
|--------|--------------------------|
| crayon | <input type="checkbox"/> |
| pencil | <input type="checkbox"/> |
| chalk | <input type="checkbox"/> |
| rubber | <input type="checkbox"/> |
| pen | <input type="checkbox"/> |

| 31 | |
|------------|--------------------------|
| like | <input type="checkbox"/> |
| prefer | <input type="checkbox"/> |
| admire | <input type="checkbox"/> |
| adore | <input type="checkbox"/> |
| disapprove | <input type="checkbox"/> |

| 32 | |
|-----------|--------------------------|
| noun | <input type="checkbox"/> |
| verb | <input type="checkbox"/> |
| comma | <input type="checkbox"/> |
| adverb | <input type="checkbox"/> |
| adjective | <input type="checkbox"/> |

| 33 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 34 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 35 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 36 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 37 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 38 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 39 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 40 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 41 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

| 42 | |
|----|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |

Pupil's name:

Test date:

School name:

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

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

Please mark like this:

TEST 8

| | | | | | |
|--|---|---|--|--|--|
| <p>1</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>2</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>3</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>4</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>5</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>6</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>EXAMPLE</p> <p>noise <input type="checkbox"/></p> <p>shout <input type="checkbox"/></p> <p>silent <input checked="" type="checkbox"/></p> <p>fairly <input type="checkbox"/></p> | <p>7</p> <p>enclosed <input type="checkbox"/></p> <p>free <input type="checkbox"/></p> <p>locked <input type="checkbox"/></p> <p>closed <input type="checkbox"/></p> | <p>8</p> <p>interesting <input type="checkbox"/></p> <p>abnormal <input type="checkbox"/></p> <p>normal <input type="checkbox"/></p> <p>expected <input type="checkbox"/></p> | <p>9</p> <p>sink <input type="checkbox"/></p> <p>ship <input type="checkbox"/></p> <p>drift <input type="checkbox"/></p> <p>paddle <input type="checkbox"/></p> | <p>10</p> <p>cut <input type="checkbox"/></p> <p>design <input type="checkbox"/></p> <p>expand <input type="checkbox"/></p> <p>amplify <input type="checkbox"/></p> | <p>11</p> <p>analyse <input type="checkbox"/></p> <p>study <input type="checkbox"/></p> <p>scan <input type="checkbox"/></p> <p>read <input type="checkbox"/></p> |
| <p>12</p> <p>inferior <input type="checkbox"/></p> <p>preferable <input type="checkbox"/></p> <p>superior <input type="checkbox"/></p> <p>overbearing <input type="checkbox"/></p> | <p>13</p> <p>calm <input type="checkbox"/></p> <p>upset <input type="checkbox"/></p> <p>discreet <input type="checkbox"/></p> <p>harsh <input type="checkbox"/></p> | <p>14</p> <p>weary <input type="checkbox"/></p> <p>invigorated <input type="checkbox"/></p> <p>slumbering <input type="checkbox"/></p> <p>exhaust <input type="checkbox"/></p> | | | |

In questions 15-22, each word has two or more missing letters. Mark the box next to each letter that needs to be added to complete the word.

| | | |
|---|---|---|
| <p>EXAMPLE</p> <p>[?] a u [?] [?]</p> <p>w <input type="checkbox"/></p> <p>l <input checked="" type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>r <input type="checkbox"/></p> <p>g <input checked="" type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>f <input type="checkbox"/></p> <p>h <input checked="" type="checkbox"/></p> | <p>15</p> <p>p r [?] d i c t [?] b l [?]</p> <p>a <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>l <input type="checkbox"/></p> <p>y <input type="checkbox"/></p> | |
| <p>16</p> <p>a c [?] [?] p t [?] b l e</p> <p>a <input type="checkbox"/></p> <p>s <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> | <p>17</p> <p>h [?] r r [?] b [?] [?]</p> <p>a <input type="checkbox"/></p> <p>o <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>l <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>l <input type="checkbox"/></p> <p>y <input type="checkbox"/></p> | |
| <p>18</p> <p>h [?] m d r [?] m</p> <p>a <input type="checkbox"/></p> <p>o <input type="checkbox"/></p> <p>u <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>u <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> | <p>19</p> <p>[?] i l [?]</p> <p>m <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>l <input type="checkbox"/></p> <p>k <input type="checkbox"/></p> <p>t <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> | <p>20</p> <p>s [?] [?] r</p> <p>o <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>t <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>u <input type="checkbox"/></p> |
| <p>21</p> <p>r [?] s p [?] n s [?] b l e</p> <p>a <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>u <input type="checkbox"/></p> <p>o <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> | <p>22</p> <p>i [?] n o r [?] [?] t</p> <p>n <input type="checkbox"/></p> <p>r <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> <p>n <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>a <input type="checkbox"/></p> | |

23

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

24

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

EXAMPLE

| | | | |
|--------|-------------------------------------|--------|--------------------------|
| I | <input type="checkbox"/> | the | <input type="checkbox"/> |
| dishes | <input type="checkbox"/> | washed | <input type="checkbox"/> |
| bubble | <input checked="" type="checkbox"/> | | |

25

| | | | |
|-------|--------------------------|-------|--------------------------|
| shout | <input type="checkbox"/> | from | <input type="checkbox"/> |
| the | <input type="checkbox"/> | giant | <input type="checkbox"/> |
| Jack | <input type="checkbox"/> | hid | <input type="checkbox"/> |

26

| | | | |
|---------|--------------------------|---------|--------------------------|
| lamb | <input type="checkbox"/> | tightly | <input type="checkbox"/> |
| Sabrina | <input type="checkbox"/> | the | <input type="checkbox"/> |
| held | <input type="checkbox"/> | stroke | <input type="checkbox"/> |

27

| | | | |
|-------|--------------------------|----------|--------------------------|
| I | <input type="checkbox"/> | sky | <input type="checkbox"/> |
| stars | <input type="checkbox"/> | shooting | <input type="checkbox"/> |
| saw | <input type="checkbox"/> | three | <input type="checkbox"/> |

28

| | | | |
|-------|--------------------------|-------|--------------------------|
| drove | <input type="checkbox"/> | early | <input type="checkbox"/> |
| Ashok | <input type="checkbox"/> | car | <input type="checkbox"/> |
| blue | <input type="checkbox"/> | | |
| a | <input type="checkbox"/> | | |

29

| | | | |
|-------|--------------------------|-------|--------------------------|
| the | <input type="checkbox"/> | shelf | <input type="checkbox"/> |
| Pip | <input type="checkbox"/> | reach | <input type="checkbox"/> |
| could | <input type="checkbox"/> | not | <input type="checkbox"/> |
| read | <input type="checkbox"/> | | |

30

| | | | |
|-----------|--------------------------|-------|--------------------------|
| danced | <input type="checkbox"/> | party | <input type="checkbox"/> |
| the | <input type="checkbox"/> | at | <input type="checkbox"/> |
| everybody | <input type="checkbox"/> | | |
| song | <input type="checkbox"/> | | |

In questions 31-42, each word has two or more missing letters.
Mark the box next to each letter that needs to be added to complete the word.

31

| | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|--------------------------|
| b | <input type="checkbox"/> | ? | <input type="checkbox"/> | ? | <input type="checkbox"/> | g | <input type="checkbox"/> | ? | <input type="checkbox"/> | t | <input type="checkbox"/> |
| | o | <input type="checkbox"/> | u | <input type="checkbox"/> | | | o | <input type="checkbox"/> | | | |
| | r | <input type="checkbox"/> | o | <input type="checkbox"/> | | | u | <input type="checkbox"/> | | | |
| | u | <input type="checkbox"/> | h | <input type="checkbox"/> | | | h | <input type="checkbox"/> | | | |

32

| | | | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|--------------------------|--------------------------|---|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| b | <input type="checkbox"/> | ? | <input type="checkbox"/> | r | <input type="checkbox"/> | g | <input type="checkbox"/> | ? | <input type="checkbox"/> | ? | <input type="checkbox"/> | n | <input type="checkbox"/> |
| | | | i | <input type="checkbox"/> | | | | | a | <input type="checkbox"/> | n | <input type="checkbox"/> | |
| | | | e | <input type="checkbox"/> | | | | | e | <input type="checkbox"/> | i | <input type="checkbox"/> | |
| | | | a | <input type="checkbox"/> | | | | | i | <input type="checkbox"/> | a | <input type="checkbox"/> | |

33

| | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| ? | <input type="checkbox"/> | r | <input type="checkbox"/> | o | <input type="checkbox"/> | m | <input type="checkbox"/> | ? | <input type="checkbox"/> | ? | <input type="checkbox"/> | e | <input type="checkbox"/> | d | <input type="checkbox"/> |
| | b | <input type="checkbox"/> | | | | | | i | <input type="checkbox"/> | s | <input type="checkbox"/> | | | | |
| | t | <input type="checkbox"/> | | | | | | e | <input type="checkbox"/> | i | <input type="checkbox"/> | | | | |
| | p | <input type="checkbox"/> | | | | | | m | <input type="checkbox"/> | t | <input type="checkbox"/> | | | | |

34

| | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| ? | <input type="checkbox"/> | r | <input type="checkbox"/> | a | <input type="checkbox"/> | ? | <input type="checkbox"/> | t | <input type="checkbox"/> | ? | <input type="checkbox"/> | s | <input type="checkbox"/> | e | <input type="checkbox"/> |
| | t | <input type="checkbox"/> | | | | c | <input type="checkbox"/> | | | a | <input type="checkbox"/> | | | | |
| | p | <input type="checkbox"/> | | | | k | <input type="checkbox"/> | | | i | <input type="checkbox"/> | | | | |
| | e | <input type="checkbox"/> | | | | s | <input type="checkbox"/> | | | e | <input type="checkbox"/> | | | | |

35

| | | | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| b | <input type="checkbox"/> | ? | <input type="checkbox"/> | l | <input type="checkbox"/> | ? | <input type="checkbox"/> | n | <input type="checkbox"/> | c | <input type="checkbox"/> | e | <input type="checkbox"/> |
| | | i | <input type="checkbox"/> | | | a | <input type="checkbox"/> | | | | | | |
| | | e | <input type="checkbox"/> | | | e | <input type="checkbox"/> | | | | | | |
| | | a | <input type="checkbox"/> | | | u | <input type="checkbox"/> | | | | | | |

36

| | | | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| u | <input type="checkbox"/> | ? | <input type="checkbox"/> | r | <input type="checkbox"/> | i | <input type="checkbox"/> | ? | <input type="checkbox"/> | ? | <input type="checkbox"/> | t | <input type="checkbox"/> |
| | | b | <input type="checkbox"/> | | | | | t | <input type="checkbox"/> | e | <input type="checkbox"/> | | |
| | | p | <input type="checkbox"/> | | | | | h | <input type="checkbox"/> | h | <input type="checkbox"/> | | |
| | | l | <input type="checkbox"/> | | | | | g | <input type="checkbox"/> | g | <input type="checkbox"/> | | |

37

| | | | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| b | <input type="checkbox"/> | r | <input type="checkbox"/> | ? | <input type="checkbox"/> | t | <input type="checkbox"/> | ? | <input type="checkbox"/> | e | <input type="checkbox"/> | r | <input type="checkbox"/> |
| | | u | <input type="checkbox"/> | | | | | t | <input type="checkbox"/> | | | | |
| | | e | <input type="checkbox"/> | | | | | h | <input type="checkbox"/> | | | | |
| | | o | <input type="checkbox"/> | | | | | s | <input type="checkbox"/> | | | | |

38

| | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| c | <input type="checkbox"/> | o | <input type="checkbox"/> | ? | <input type="checkbox"/> | ? | <input type="checkbox"/> | l | <input type="checkbox"/> | ? | <input type="checkbox"/> |
| | | | | p | <input type="checkbox"/> | u | <input type="checkbox"/> | | | n | <input type="checkbox"/> |
| | | | | r | <input type="checkbox"/> | o | <input type="checkbox"/> | | | m | <input type="checkbox"/> |
| | | | | u | <input type="checkbox"/> | p | <input type="checkbox"/> | | | e | <input type="checkbox"/> |

39

| | | | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| b | <input type="checkbox"/> | r | <input type="checkbox"/> | ? | <input type="checkbox"/> | ? | <input type="checkbox"/> | s | <input type="checkbox"/> | e | <input type="checkbox"/> | ? | <input type="checkbox"/> |
| | | | | i | <input type="checkbox"/> | u | <input type="checkbox"/> | | | | | r | <input type="checkbox"/> |
| | | | | u | <input type="checkbox"/> | i | <input type="checkbox"/> | | | | | d | <input type="checkbox"/> |
| | | | | o | <input type="checkbox"/> | e | <input type="checkbox"/> | | | | | s | <input type="checkbox"/> |

40

| | | | | | | | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| i | <input type="checkbox"/> | m | <input type="checkbox"/> | ? | <input type="checkbox"/> | r | <input type="checkbox"/> | e | <input type="checkbox"/> | s | <input type="checkbox"/> | ? | <input type="checkbox"/> | e | <input type="checkbox"/> | ? | <input type="checkbox"/> |
| | | | | p | <input type="checkbox"/> | | | | | | | i | <input type="checkbox"/> | | | r | <input type="checkbox"/> |
| | | | | b | <input type="checkbox"/> | | | | | | | s | <input type="checkbox"/> | | | d | <input type="checkbox"/> |
| | | | | t | <input type="checkbox"/> | | | | | | | t | <input type="checkbox"/> | | | s | <input type="checkbox"/> |

41

| | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| e | <input type="checkbox"/> | n | <input type="checkbox"/> | o | <input type="checkbox"/> | ? | <input type="checkbox"/> | ? | <input type="checkbox"/> | ? | <input type="checkbox"/> |
| | | | | f | <input type="checkbox"/> | g | <input type="checkbox"/> | f | <input type="checkbox"/> | | |
| | | | | g | <input type="checkbox"/> | u | <input type="checkbox"/> | u | <input type="checkbox"/> | | |
| | | | | u | <input type="checkbox"/> | f | <input type="checkbox"/> | h | <input type="checkbox"/> | | |

42

| | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| j | <input type="checkbox"/> | u | <input type="checkbox"/> | ? | <input type="checkbox"/> | ? | <input type="checkbox"/> | l | <input type="checkbox"/> | ? | <input type="checkbox"/> |
| | | | | n | <input type="checkbox"/> | g | <input type="checkbox"/> | | | e | <input type="checkbox"/> |
| | | | | g | <input type="checkbox"/> | l | <input type="checkbox"/> | | | y | <input type="checkbox"/> |
| | | | | m | <input type="checkbox"/> | b | <input type="checkbox"/> | | | r | <input type="checkbox"/> |