

**Sample 11+ Assessment Test
for GL Assessment — Non-Verbal Reasoning**

CGP

Pupil's name:

Test date:

School name:

**Please mark
like this: **

Sample Test

Pupil Number					School Number				
[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]
[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]
[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]
[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]
[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]	[4]
[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]	[5]
[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]	[6]
[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]	[7]
[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]	[8]
[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]	[9]

Date of Birth		
Day	Month	Year
0	0	2005
1	1	2006
2	2	2007
3	3	2008
4	4	2009
5	5	2010
6	6	2011
7	7	2012
8	8	2013
9	9	2014
		2015
		2016
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Section 1

EXAMPLE		1	2	3	4	5
a	<input type="checkbox"/>	a	a	a	a	a
b	<input type="checkbox"/>	b	b	b	b	b
c	<input checked="" type="checkbox"/>	c	c	c	c	c
d	<input type="checkbox"/>	d	d	d	d	d
e	<input type="checkbox"/>	e	e	e	e	e

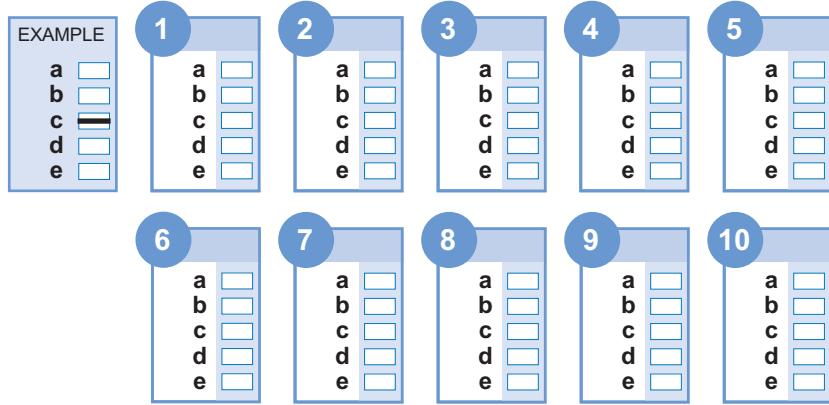
6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

Section 2

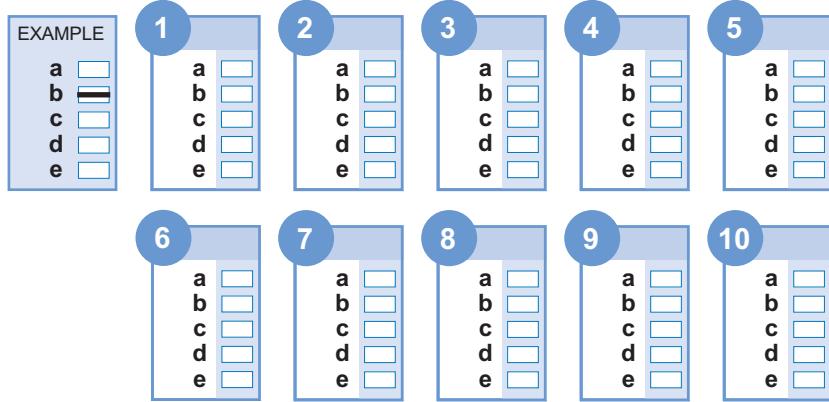
EXAMPLE		1	2	3	4	5
a	<input checked="" type="checkbox"/>	a	a	a	a	a
b	<input type="checkbox"/>	b	b	b	b	b
c	<input type="checkbox"/>	c	c	c	c	c
d	<input type="checkbox"/>	d	d	d	d	d
e	<input type="checkbox"/>	e	e	e	e	e

6	7	8	9	10
a	a	a	a	a
b	b	b	b	b
c	c	c	c	c
d	d	d	d	d
e	e	e	e	e

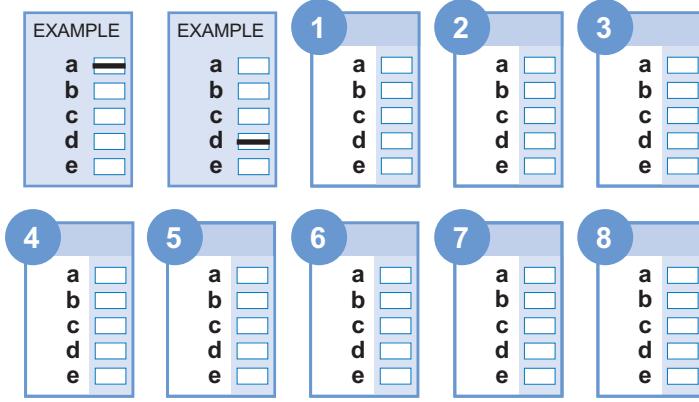
Section 3



Section 4



Section 5



Section 6

