

# GL Buckinghamshire Mock 1

## Answer Sheets



| DATE OF TEST |  |       |  |      |  |
|--------------|--|-------|--|------|--|
| Day          |  | Month |  | Year |  |
|              |  |       |  |      |  |

| DATE OF BIRTH |  |       |  |      |  |
|---------------|--|-------|--|------|--|
| Day           |  | Month |  | Year |  |
|               |  |       |  |      |  |

**Candidate's Name:**

**School Name:**

# GL Buckinghamshire Mock 1 Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

## English Practice Questions

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

| 1 | Practice                 |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 2 | Practice                 |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

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

| 3 | Practice                 |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

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

| 4 | Practice                 |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| N | <input type="checkbox"/> |

## Section 1: Comprehension

| 1 |                          |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 2 |                          |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 3 |                          |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 4 |                          |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 5 |                          |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 6 |                          |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 7 |                          |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 8 |                          |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 9 |                          |
|---|--------------------------|
| A | <input type="checkbox"/> |
| B | <input type="checkbox"/> |
| C | <input type="checkbox"/> |
| D | <input type="checkbox"/> |
| E | <input type="checkbox"/> |

| 10 |                          |
|----|--------------------------|
| A  | <input type="checkbox"/> |
| B  | <input type="checkbox"/> |
| C  | <input type="checkbox"/> |
| D  | <input type="checkbox"/> |
| E  | <input type="checkbox"/> |

| 11 |                          |
|----|--------------------------|
| A  | <input type="checkbox"/> |
| B  | <input type="checkbox"/> |
| C  | <input type="checkbox"/> |
| D  | <input type="checkbox"/> |
| E  | <input type="checkbox"/> |

| 12 |                          |
|----|--------------------------|
| A  | <input type="checkbox"/> |
| B  | <input type="checkbox"/> |
| C  | <input type="checkbox"/> |
| D  | <input type="checkbox"/> |
| E  | <input type="checkbox"/> |

| 13 |                          |
|----|--------------------------|
| A  | <input type="checkbox"/> |
| B  | <input type="checkbox"/> |
| C  | <input type="checkbox"/> |
| D  | <input type="checkbox"/> |
| E  | <input type="checkbox"/> |

## Section 2: Spelling

|           |   |                          |
|-----------|---|--------------------------|
| <b>14</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | N | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>15</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | N | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>16</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | N | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>17</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | N | <input type="checkbox"/> |

## Section 3: Punctuation

|           |   |                          |
|-----------|---|--------------------------|
| <b>18</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | N | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>19</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | N | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>20</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | N | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>21</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | N | <input type="checkbox"/> |

## Section 4: Sentence Completion

|           |   |                          |
|-----------|---|--------------------------|
| <b>22</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | E | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>23</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | E | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>24</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | E | <input type="checkbox"/> |

|           |   |                          |
|-----------|---|--------------------------|
| <b>25</b> | A | <input type="checkbox"/> |
|           | B | <input type="checkbox"/> |
|           | C | <input type="checkbox"/> |
|           | D | <input type="checkbox"/> |
|           | E | <input type="checkbox"/> |

# GL Buckinghamshire Mock 1 Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

## Verbal Reasoning Practice Questions

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

| 1 Practice |                          |
|------------|--------------------------|
| A          | <input type="checkbox"/> |
| B          | <input type="checkbox"/> |
| C          | <input type="checkbox"/> |

| 2 Practice |                          |
|------------|--------------------------|
| A          | <input type="checkbox"/> |
| B          | <input type="checkbox"/> |
| C          | <input type="checkbox"/> |

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

| 3 Practice |                          |
|------------|--------------------------|
| A          | <input type="checkbox"/> |
| B          | <input type="checkbox"/> |
| C          | <input type="checkbox"/> |

| 4 Practice |                          |
|------------|--------------------------|
| A          | <input type="checkbox"/> |
| B          | <input type="checkbox"/> |
| C          | <input type="checkbox"/> |

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

| 5 Practice |                          |
|------------|--------------------------|
| A          | <input type="checkbox"/> |
| B          | <input type="checkbox"/> |
| C          | <input type="checkbox"/> |
| D          | <input type="checkbox"/> |
| E          | <input type="checkbox"/> |

| 6 Practice |                          |
|------------|--------------------------|
| A          | <input type="checkbox"/> |
| B          | <input type="checkbox"/> |
| C          | <input type="checkbox"/> |
| D          | <input type="checkbox"/> |
| E          | <input type="checkbox"/> |

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

| 7 Practice |                          |
|------------|--------------------------|
| A          | <input type="checkbox"/> |
| B          | <input type="checkbox"/> |
| C          | <input type="checkbox"/> |
| D          | <input type="checkbox"/> |
| E          | <input type="checkbox"/> |

| 8 Practice |                          |
|------------|--------------------------|
| A          | <input type="checkbox"/> |
| B          | <input type="checkbox"/> |
| C          | <input type="checkbox"/> |
| D          | <input type="checkbox"/> |
| E          | <input type="checkbox"/> |

# Verbal Reasoning Test Questions

**1**

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

**2**

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

**3**

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

**4**

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

**5**

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

**6**

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

**7**

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

**8**

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

**9**

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

**10**

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

**11**

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

**12**

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

**13**

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

**14**

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

**15**

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

**16**

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

**17**

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

**18**

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

**19**

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

**20**

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

**21**

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

**22**

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

**23**

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

**24**

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

**25**

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

**26**

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

**27**

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

**28**

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

**29**

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

**30**

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

**31**

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

**32**

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

# GL Buckinghamshire Mock 1

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Non-Verbal Subtest 1 Practice Questions

| A | Example | 1 | Practice | 2 | Practice |
|---|---------|---|----------|---|----------|
|   | a       |   | a        |   | a        |
|   | b       |   | b        |   | b        |
|   | c       |   | c        |   | c        |
|   | d       |   | d        |   | d        |
|   | e       |   | e        |   | e        |

### Non-Verbal Subtest 1 Test Questions

| 1 |   | 2 |   | 3 |   | 4 |   | 5 |   |
|---|---|---|---|---|---|---|---|---|---|
|   | 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 |

  

| 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 |

# GL Buckinghamshire Mock 1

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Non-Verbal Subtest 2 Practice Questions

| A | Example | 1 | Practice | 2 | Practice |
|---|---------|---|----------|---|----------|
|   | 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        |

### Non-Verbal Subtest 2 Test Questions

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| 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 |

  

| 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  |

# GL Buckinghamshire Mock 1

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Non-Verbal Subtest 3 Practice Questions

| A | Example | 1 | Practice | 2 | Practice |
|---|---------|---|----------|---|----------|
|   | a       |   | a        |   | a        |
|   | b       |   | b        |   | b        |
|   | c       |   | c        |   | c        |
|   | d       |   | d        |   | d        |
|   | e       |   | e        |   | e        |

### Non-Verbal Subtest 3 Test Questions

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| 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 |

  

| 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  |

# GL Buckinghamshire Mock 1

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Spatial Subtest 1 Practice Questions

| A | Example | 1 | Practice | 2 | Practice |
|---|---------|---|----------|---|----------|
|   | 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        |

### Spatial Subtest 1 Test Questions

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| 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 |

  

| 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  |

# GL Buckinghamshire Mock 1

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Spatial Subtest 2 Practice Questions

| A | Example | 1 | Practice | 2 | Practice |
|---|---------|---|----------|---|----------|
|   | 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        |

### Spatial Subtest 2 Test Questions

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| 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 |

  

| 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  |

# GL Buckinghamshire Mock 1

## Mathematical & Non-Verbal Skills

Please mark the boxes with a thin horizontal line like this . Rub out mistakes thoroughly.

### Mathematics Practice Questions

| A | Example                               | 1 | Practice                   | 2 | Practice                   |
|---|---------------------------------------|---|----------------------------|---|----------------------------|
|   | A <input type="checkbox"/>            |   | A <input type="checkbox"/> |   | A <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"/> |
|   | D <input checked="" type="checkbox"/> |   | D <input type="checkbox"/> |   | D <input type="checkbox"/> |
|   | E <input type="checkbox"/>            |   | E <input type="checkbox"/> |   | E <input type="checkbox"/> |

### Mathematics Test Questions

|           |                            |           |                            |           |                            |           |                            |           |                            |
|-----------|----------------------------|-----------|----------------------------|-----------|----------------------------|-----------|----------------------------|-----------|----------------------------|
| <b>1</b>  | A <input type="checkbox"/> | <b>2</b>  | A <input type="checkbox"/> | <b>3</b>  | A <input type="checkbox"/> | <b>4</b>  | A <input type="checkbox"/> | <b>5</b>  | A <input type="checkbox"/> |
|           | B <input type="checkbox"/> |
|           | C <input type="checkbox"/> |
|           | D <input type="checkbox"/> |
|           | E <input type="checkbox"/> |
| <b>6</b>  | A <input type="checkbox"/> | <b>7</b>  | A <input type="checkbox"/> | <b>8</b>  | A <input type="checkbox"/> | <b>9</b>  | A <input type="checkbox"/> | <b>10</b> | A <input type="checkbox"/> |
|           | B <input type="checkbox"/> |
|           | C <input type="checkbox"/> |
|           | D <input type="checkbox"/> |
|           | E <input type="checkbox"/> |
| <b>11</b> | A <input type="checkbox"/> | <b>12</b> | A <input type="checkbox"/> | <b>13</b> | A <input type="checkbox"/> | <b>14</b> | A <input type="checkbox"/> | <b>15</b> | A <input type="checkbox"/> |
|           | B <input type="checkbox"/> |
|           | C <input type="checkbox"/> |
|           | D <input type="checkbox"/> |
|           | E <input type="checkbox"/> |

**16**

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

**17**

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

**18**

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

**19**

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

**20**

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

**21**

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

**22**

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

**23**

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

**24**

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

**25**

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