

GL Trafford Mock 2

Answer Sheets



DATE OF TEST					
Day		Month		Year	

DATE OF BIRTH					
Day		Month		Year	

Candidate's Name:

School Name:

GL Trafford Mock 2 Paper A – Verbal Reasoning

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 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 type="checkbox"/>
B	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>
D	<input checked="" 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"/>

4	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"/>
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"/>

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"/>	
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"/>	

END OF VERBAL REASONING SECTION

GL Trafford Mock 2 Paper A – Mathematics

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 type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input checked="" type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Mathematics Test Questions


























1	A <input type="checkbox"/>	2	A <input type="checkbox"/>	3	A <input type="checkbox"/>	4	A <input type="checkbox"/>	5	A <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"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>
6	A <input type="checkbox"/>	7	A <input type="checkbox"/>	8	A <input type="checkbox"/>	9	A <input type="checkbox"/>	10	A <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"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>
11	A <input type="checkbox"/>	12	A <input type="checkbox"/>	13	A <input type="checkbox"/>	14	A <input type="checkbox"/>	15	A <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"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>
16	A <input type="checkbox"/>	17	A <input type="checkbox"/>	18	A <input type="checkbox"/>	19	A <input type="checkbox"/>	20	A <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"/>
	D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>		D <input type="checkbox"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

END OF MATHS SECTION









































GL Trafford Mock 2 Paper A – NVR Subtest 1

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

Non-Verbal Reasoning 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 

Non-Verbal Reasoning Subtest 1 Test Questions

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

END OF NON-VERBAL REASONING SUBSECTION 1

GL Trafford Mock 2 Paper A – NVR Subtest 2

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

Non-Verbal Reasoning Subtest 2 Practice Questions

A	Example	1	Practice	2	Practice
	A <input type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>
	B <input checked="" type="checkbox"/>		B <input type="checkbox"/>		B <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"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Non-Verbal Reasoning Subtest 2 Test Questions

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

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

END OF NON-VERBAL REASONING SUBSECTION 2

GL Trafford Mock 2 Paper A – Spatial Reasoning

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

Spatial Reasoning Practice Questions

A	Example	1	Practice	2	Practice
	A <input type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>
	B <input checked="" type="checkbox"/>		B <input type="checkbox"/>		B <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"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Spatial Reasoning Test Questions

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

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

END OF SPATIAL REASONING

GL Trafford



Mock 2

Paper B

Answer Sheets

GL Trafford Mock 2 Paper B – Verbal Reasoning

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

Verbal Reasoning 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 checked="" type="checkbox"/>		C	<input type="checkbox"/>		C	<input type="checkbox"/>
	D	<input type="checkbox"/>		D	<input type="checkbox"/>		D	<input type="checkbox"/>
	E	<input type="checkbox"/>		E	<input type="checkbox"/>		E	<input type="checkbox"/>

B	Example		3	Practice		4	Practice		
	A	<input type="checkbox"/>	X	<input type="checkbox"/>		A	<input type="checkbox"/>	X	<input type="checkbox"/>
	B	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>		B	<input type="checkbox"/>	Y	<input type="checkbox"/>
	C	<input type="checkbox"/>	Z	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	Z	<input type="checkbox"/>

Verbal Reasoning Test Questions

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

13

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

14

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

END OF VERBAL REASONING SECTION

GL Trafford Mock 2 Paper B – Mathematics

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

Mathematics 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"/> 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"/>

END OF MATHS SECTION

GL Trafford Mock 2 Paper B – NVR Subtest 1

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

Non-Verbal Reasoning 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 Reasoning Subtest 1 Test Questions

1		2		3		4	
	A		A		A		A
	B		B		B		B
	C		C		C		C
	D		D		D		D
	E		E		E		E

5		6		7		8	
	A		A		A		A
	B		B		B		B
	C		C		C		C
	D		D		D		D
	E		E		E		E

END OF NON-VERBAL REASONING SUBSECTION 1

GL Trafford Mock 2 Paper B – NVR Subtest 2

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

Non-Verbal Reasoning Subtest 2 Practice Questions

A	Example	1	Practice	2	Practice
	A <input type="checkbox"/>		A <input type="checkbox"/>		A <input type="checkbox"/>
	B <input checked="" type="checkbox"/>		B <input type="checkbox"/>		B <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"/>
	E <input type="checkbox"/>		E <input type="checkbox"/>		E <input type="checkbox"/>

Non-Verbal Reasoning Subtest 2 Test Questions

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

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

END OF NON-VERBAL REASONING SUBSECTION 2

GL Trafford Mock 2 Paper B – Spatial Reasoning

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

Spatial Reasoning Practice Questions

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

Spatial 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			
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	C	<input type="checkbox"/>	
	D	<input type="checkbox"/>	
	E	<input type="checkbox"/>	

5			
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	C	<input type="checkbox"/>	
	D	<input type="checkbox"/>	
	E	<input type="checkbox"/>	

6			
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	C	<input type="checkbox"/>	
	D	<input type="checkbox"/>	
	E	<input type="checkbox"/>	

7			
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	C	<input type="checkbox"/>	
	D	<input type="checkbox"/>	
	E	<input type="checkbox"/>	

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

END OF SPATIAL REASONING

