

GL Trafford Mock 1

Answer Sheets



DATE OF TEST					
Day		Month		Year	

DATE OF BIRTH					
Day		Month		Year	

Candidate's Name:

School Name:

GL Trafford Mock 1 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"/>	X	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>
C	<input type="checkbox"/>	Z	<input checked="" type="checkbox"/>

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

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

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

GL Trafford Mock 1 Paper A – Mathematics

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

Mathematics 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"/>

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
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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"/>

GL Trafford Mock 1 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
	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

GL Trafford Mock 1 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		a		a
	b		b		b
	c		c		c
	d		d		d
	e		e		e

Non-Verbal Reasoning Subtest 2 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

GL Trafford Mock 1 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	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 Reasoning 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

PAPER B

GL Trafford Mock 1 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				
A	<input type="checkbox"/>	X	<input type="checkbox"/>	
B	<input type="checkbox"/>	Y	<input checked="" type="checkbox"/>	
C	<input checked="" type="checkbox"/>	Z	<input type="checkbox"/>	

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

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

B Example				
A	<input type="checkbox"/>			
B	<input 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"/>			

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

6				
A	<input type="checkbox"/>	X	<input type="checkbox"/>	
B	<input type="checkbox"/>	Y	<input type="checkbox"/>	
C	<input type="checkbox"/>	Z	<input type="checkbox"/>	

7				
A	<input type="checkbox"/>	X	<input type="checkbox"/>	
B	<input type="checkbox"/>	Y	<input type="checkbox"/>	
C	<input type="checkbox"/>	Z	<input type="checkbox"/>	

8				
A	<input type="checkbox"/>	X	<input type="checkbox"/>	
B	<input type="checkbox"/>	Y	<input type="checkbox"/>	
C	<input type="checkbox"/>	Z	<input type="checkbox"/>	

9				
A	<input type="checkbox"/>	X	<input type="checkbox"/>	
B	<input type="checkbox"/>	Y	<input type="checkbox"/>	
C	<input type="checkbox"/>	Z	<input type="checkbox"/>	

10				
A	<input type="checkbox"/>	X	<input type="checkbox"/>	
B	<input type="checkbox"/>	Y	<input type="checkbox"/>	
C	<input type="checkbox"/>	Z	<input type="checkbox"/>	

11				
A	<input type="checkbox"/>	X	<input type="checkbox"/>	
B	<input type="checkbox"/>	Y	<input type="checkbox"/>	
C	<input type="checkbox"/>	Z	<input type="checkbox"/>	

12				
A	<input type="checkbox"/>	X	<input type="checkbox"/>	
B	<input type="checkbox"/>	Y	<input type="checkbox"/>	
C	<input type="checkbox"/>	Z	<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"/>	

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"/>	

GL Trafford Mock 1 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"/>

GL Trafford Mock 1 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	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	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

GL Trafford Mock 1 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	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 2 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

GL Trafford Mock 1 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	1	Practice	2	Practice
	a		a		a
	b		b		b
	c		c		c
	d		d		d
	e		e		e

Spatial Reasoning 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

