



Bucks Paper 2 Session 1

Answer Marking Sheet

Pupil's Name
School Name

DATE OF TEST		
Day	Month	Year

UNIQUE PUPIL NUMBER									

SCHOOL NUMBER					

DATE OF BIRTH		
Day	Month	Year

Please mark boxes with a thin horizontal line like this  .



Test 1 - English

Reading Comprehension

P1

PRACTICE

A

B

C

D

E

P2

PRACTICE

A

B

C

D

E

1

A

B

C

D

E

2

A

B

C

D

E

3

A

B

C

D

E

4

A

B

C

D

E

5

A

B

C

D

E

6

A

B

C

D

E

7

A

B

C

D

E

8

A

B

C

D

E

9

A

B

C

D

E

10

A

B

C

D

E

11

A

B

C

D

E

12

A

B

C

D

E

13

A

B

C

D

E

Capital Letters and Punctuation Exercises

EXAMPLE

A

B

C

D

E

P3

PRACTICE

A

B

C

D

E



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"/>

Spelling Exercises

EXAMPLE

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

P4

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

17

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

18

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

19

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

20

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

Grammar Exercises

EXAMPLE

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

P5

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

P6

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"/>



Test 1 - Verbal Reasoning

Sub-test 1

EXAMPLE

A

B

C

D

E

P1

PRACTICE

A

B

C

D

E

P2

PRACTICE

A

B

C

D

E

1

A

B

C

D

E

2

A

B

C

D

E

3

A

B

C

D

E

4

A

B

C

D

E

5

A

B

C

D

E

Sub-test 2

EXAMPLE

A

B

C

D

E

P3

PRACTICE

A

B

C

D

E

P4

PRACTICE

A

B

C

D

E

6

A

B

C

D

E

7

A

B

C

D

E

8

A

B

C

D

E

9

A

B

C

D

E

10

A

B

C

D

E



Sub-test 3

EXAMPLE

A

B

C

D

E

P5

PRACTICE

A

B

C

D

E

P6

PRACTICE

A

B

C

D

E

11

A

B

C

D

E

12

A

B

C

D

E

13

A

B

C

D

E

14

A

B

C

D

E

15

A

B

C

D

E

Sub-test 4

EXAMPLE

A

B

C

D

E

P7

PRACTICE

A

B

C

D

E

P8

PRACTICE

A

B

C

D

E

16

A

B

C

D

E

17

A

B

C

D

E

18

A

B

C

D

E

19

A

B

C

D

E

20

A

B

C

D

E



Sub-test 5

EXAMPLE

A

B

C

D

E

P9

PRACTICE

A

B

C

D

E

P10

PRACTICE

A

B

C

D

E

21

A

B

C

D

E

22

A

B

C

D

E

23

A

B

C

D

E

24

A

B

C

D

E

25

A

B

C

D

E

For Parents use only

Marks Scored: Time taken:

Comments

.....

.....

.....



© piacademy.co.uk - All rights reserved

Visit piacademy.co.uk/11-plus-papers to check the 'answers'