FAMILIARISATION ANSWER SHEET - NON-VERBAL REASONING 1

GL Assessment®

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 ▬.

SECTION 1

EXAMPLE
A
B ▬
C
D
E

P1
A
B
C
D
E

P2
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

14
A B C D E

15
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

SECTION 2

EXAMPLE
A
B ▬
C
D
E

P1
A
B
C
D
E

P2
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

26
A B C D E

27
A B C D E

28
A B C D E

29
A B C D E

30
A B C D E

31
A B C D E

32
A B C D E

33
A B C D E

34
A B C D E

35
A B C D E

36
A B C D E

37
A B C D E

38
A B C D E

39
A B C D E

40
A B C D E

FAM NVR1 **PLEASE TURN OVER**

Please mark boxes with a thin horizontal line like this ━.

SECTION 3

EXAMPLE

A ▭
B ▭
C ━
D ▭
E ▭

P1
A ▭
B ▭
C ▭
D ▭
E ▭

P2
A ▭
B ▭
C ▭
D ▭
E ▭

41
A ▭
B ▭
C ▭
D ▭
E ▭

42
A ▭
B ▭
C ▭
D ▭
E ▭

43
A ▭
B ▭
C ▭
D ▭
E ▭

44
A ▭
B ▭
C ▭
D ▭
E ▭

45
A ▭
B ▭
C ▭
D ▭
E ▭

46
A ▭
B ▭
C ▭
D ▭
E ▭

47
A ▭
B ▭
C ▭
D ▭
E ▭

48
A ▭
B ▭
C ▭
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49
A ▭
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50
A ▭
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51
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52
A ▭
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C ▭
D ▭
E ▭

53
A ▭
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C ▭
D ▭
E ▭

54
A ▭
B ▭
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55
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56
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57
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D ▭
E ▭

58
A ▭
B ▭
C ▭
D ▭
E ▭

59
A ▭
B ▭
C ▭
D ▭
E ▭

60
A ▭
B ▭
C ▭
D ▭
E ▭

SECTION 4

EXAMPLE 1

A ▭
B ━
C ▭
D ▭
E ▭

EXAMPLE 2

A ━
B ▭
C ▭
D ▭
E ▭

P1
A ▭
B ▭
C ▭
D ▭
E ▭

61
A ▭
B ▭
C ▭
D ▭
E ▭

62
A ▭
B ▭
C ▭
D ▭
E ▭

63
A ▭
B ▭
C ▭
D ▭
E ▭

64
A ▭
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C ▭
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65
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66
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E ▭

67
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68
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69
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70
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71
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72
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73
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74
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75
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76
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E ▭

77
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C ▭
D ▭
E ▭

78
A ▭
B ▭
C ▭
D ▭
E ▭

79
A ▭
B ▭
C ▭
D ▭
E ▭

80
A ▭
B ▭
C ▭
D ▭
E ▭

FAM NVR1

END OF TEST