

Thinking Skills - Answer Sheet

Student application number

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First name(s)

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Family name

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Fill in the appropriate circle for your chosen answer e.g.

A B C D

Use a pencil. If you make a mistake, erase thoroughly and try again.

* 9 9 8 9 7 5 5 4 8 3 *

1 A B C D

2 A B C D

3 A B C D

4 A B C D

5 A B C D

6 A B C D

7 A B C D

8 A B C D

9 A B C D

10 A B C D

11 A B C D

12 A B C D

13 A B C D

14 A B C D

15 A B C D

16 A B C D

17 A B C D

18 A B C D

19 A B C D

20 A B C D

21 A B C D

22 A B C D

23 A B C D

24 A B C D

25 A B C D

26 A B C D

27 A B C D

28 A B C D

29 A B C D

30 A B C D

