



# International Mathematics Assessments for Schools

## GENERAL INSTRUCTIONS

- Use pencil only, preferably 2B
- Erase mistakes fully
- Do not scribble on form
- PRINT the requested information in the boxes provided and mark the circle that matches

ID						DATE OF BIRTH			LEVEL		STUDENT NAME	
						DAY	MONTH	YEAR				
0	0	0	0	0	0	0	0	JAN 1 200 0	Middle Primary	<input type="radio"/> MP		
1	1	1	1	1	1	1	1	FEB 2 200 1	Upper Primary	<input type="radio"/> UP		
2	2	2	2	2	2	2	2	MAR 3 200 2	Junior Secondary	<input type="radio"/> J		
3	3	3	3	3	3	3	3	APR 4 200 3				
4	4	4	4	4	4	4	4	MAY 5 200 4	GENDER			
5	5	5	5	5	5	5	5	JUN 6 200 5				
6	6	6	6	6	6	6	6	JUL 7 200 6	Male	<input type="radio"/> M		
7	7	7	7	7	7	7	7	AUG 8 200 7				
8	8	8	8	8	8	8	8	SEP 9 200 8	Female	<input type="radio"/> F		
9	9	9	9	9	9	9	9	OCT 10 200 9				
								NOV 11 201 0			GRADE	
								DEC 12 201 1			CLASS	

## RECORD YOUR ANSWER HERE

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## HOW TO ANSWER QUESTIONS 21-25

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