

WRITING

24

YEAR
7
2016

Please print your first name and last name below.
Write in capital letters.

FIRST NAME

LAST NAME

Are you a boy or girl?

☐ boy

☐ girl

What is your date of birth?

____/____/____

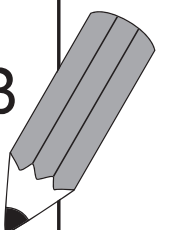
What is the name of your school?

SESSION 2

40 min

Time available for students to
complete test: 40 minutes

Use 2B or HB
pencil **only**



This page is meant to be blank.

Turn to pages 4 and 5 and listen while the teacher reads the instructions for the Writing task.

You may tear out pages 4 and 5 of this booklet if you wish.

The sign said

Write a narrative (story) about what happened to a character or characters after reading a sign.

You can use a sign on page 5 **OR** you can make up your own sign.

Think about:

- the characters and where they are
- the complication or the problem to be solved
- how the story will end.

Remember to:

- plan your story before you start
- choose your words carefully
- write in sentences
- pay attention to your spelling, punctuation and paragraphs
- check and edit your writing.

YEAR 7 AND YEAR 9



This page is meant to be blank.

WRITING

DO NOT WRITE OUTSIDE THE BORDER

Handwriting practice area with 30 horizontal lines.

WRITING

Lined area for writing, consisting of 30 horizontal lines.

DO NOT WRITE OUTSIDE THE BORDER

WRITING

DO NOT WRITE OUTSIDE THE BORDER

Lined area for writing.

END OF TEST