

S.I.N. _____

Results Sheet

General Aptitude Test Battery

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1. — IDENTIFICATION

Surname	[REDACTED]	Given Names	[REDACTED]	Tel. No.	
Address	[REDACTED]			Birthdate	[REDACTED]
				Sex	<input type="checkbox"/> M <input type="checkbox"/> F

2. — SIGNIFICANT INFORMATION FOR TEST ADMINISTRATION

THIS PERSON ▶	(1) Writes <input type="checkbox"/> left handed <input type="checkbox"/> right handed	(2) Uses glasses to read <input type="checkbox"/> yes <input type="checkbox"/> no	(3) Has completed _____ education
	(4) Has other characteristics which may affect testing		
Counsellor ▶	(Print)	Date referred for testing ▶	

3. — TEST ADMINISTRATOR'S NOTES

THE FOLLOWING SIGNIFICANT CHARACTERISTICS/BEHAVIOURS OF THIS EXAMINEE MAY HAVE AFFECTED THESE TEST RESULTS (SEE GATB MANUAL 1, PAGE 14 FOR BEHAVIOURS TO WATCH FOR DURING TESTING).

1. _____

2. _____

3. _____

Test Administrator ▶ _____ Date Tested ▶ 7-30-10

4. — TEST SCORES

FORM A FORM B

PART	RAW SCORES	G	V	N	S	P	Q	K	F	M
60 1	57						100			
26 2	19			62						
19 3	14	13			84					
26 4	23	53	92							
28 5	27					45				
10 6	6	17		13						
29 7	25					43				
8	84							128		
9	78									2
10	88									67
11	16								0	
12	28								57	
APTITUDE SCORES		83	92	75	84	88	100	128	57	69
1 SEM.		6	6	6	8	9	9	7	12	11
APTITUDE SCORES + 1 SEM.		89	98	81	92	97	109	135	69	80

(SEE OVER FOR COUNSELLOR'S NOTES)