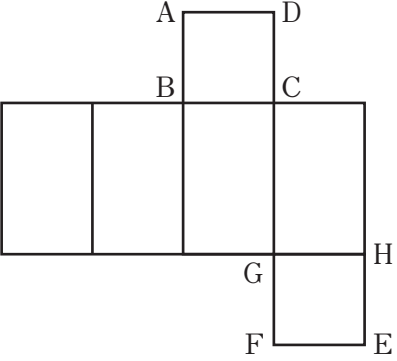


1	(1)	
	(2)	times
2	(3)	
	(4)	
3	(5)	
	(6)	
4	(7)	m per second
	(8)	
	(9)	
5	(10)	

- Use an eraser when correcting your answers.
- Write your answers clearly on the answer sheet.

Please fill in the box below.

Put your sticker for Section 2 with the bar code here.	Name		Examinee Number
	Gender (Check the appropriate box)		Age
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
	Date of Birth (year)	(month)	(day)
Address			
			/ 20

5	(11)	
6	(12)	
	(13)	(Answer) _____
7	(14)	
	(15)	
	(16)	
8	(17)	
	(18)	times
9	(19)	blocks
	(20)	blocks

● If you have time, please answer the following questionnaire. Check the appropriate box.

Which problems did you find interesting? Check the two problems you found most interesting.						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	9 <input type="checkbox"/>					
Test Time		Level				
Short <input type="checkbox"/>	Appropriate <input type="checkbox"/>	Long <input type="checkbox"/>	Difficult <input type="checkbox"/>	Appropriate <input type="checkbox"/>	Easy <input type="checkbox"/>	
Was the supervisor in the class during the test?				(Yes <input type="checkbox"/> No <input type="checkbox"/>)		