

# **NON-VERBAL PROBLEM SOLVING**

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Print this form. Fill out your Name & Other details. Mark the answer against each item.

Fax the answer sheet to IPP Cochin .....or +9716-5564471

Name: ..... Ref. no.: .....

Place: ..... Date: .....

Age: ..... Date of Birth: .....

Test Begun at: ..... Test Ended at: .....

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
1			1		1		1		1	
2			2		2		2		2	
3			3		3		3		3	
4			4		4		4		4	
5			5		5		5		5	
6			6		6		6		6	
7			7		7		7		7	
8			8		8		8		8	
9			9		9		9		9	
10			10		10		10		10	
11			11		11		11		11	
12			12		12		12		12	

<b>Time</b>	<b>Total</b>	<b>Grade</b>

Test supervised by:.....