STUDENT ANSWER SHEET

PRINT your name and date of birth below.

First name: 
Surname: 
Date of birth: 

NOTE: PLEASE DO NOT WRITE IN THE TEST BOOKLET.

INSTRUCTIONS
PRINT your answer in the box for each question.

IF YOU MAKE A MISTAKE, draw a line through your wrong answer. Write your new answer to the side of the box – see example below.

CHECK your answers and that you have answered all of the 30 questions.

Score /30

© 2016 School Drug Education and Road Aware www.sdera.wa.edu.au

LEARNER’S PERMIT TEST Refer to page 11 for details about administering the test and issuing certificates.

Activities in this resource can be downloaded at www.sdera.wa.edu.au along with extra activities, assessment tasks and the following materials: digital (PDF) versions of parent and student resources; links to film clips, online practice tests and quizzes; sample newsletter articles; classroom PowerPoint presentations; and mail-merging instructions for printing test results onto Keys for Life Certificates. For further information contact sdera.epi@education.wa.edu.au

© 2016 School Drug Education and Road Aware www.sdera.wa.edu.au