Name: __________________________   Date: ______________

**Directions:**
Read all of the questions before you answer them. Do not start working on Question 1 until you have read the directions for all 10 questions.

1. What letter comes after B? __________

2. What number comes next? 1, 2, ___

3. What is your name? ______________

4. What is your teacher’s name? __________________________

5. What day is it today? ________________________

6. Are you happy today? _________

7. Do you like puppies? ________

8. What is your favorite number? _____________

9. Do not answer Questions 1, 2, 3, 4, 5, 6, 7, or 8.

10. Turn your paper over. Look up at me.