



Cumplimente el cuestionario solo con lápiz o bolígrafo azul / negro



EJEMPLO D.N.I.

5	3	7	9	6	8		
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

D.N.I.

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

1.º APELLIDO	ESCALA BÁSICA 42	
2.º APELLIDO	P. CONOCIMIENTOS	
NOMBRE	PSICOTÉCNICOS	
FIRMA	25 OCTUBRE 2025	
D.N.I.		FECHA

Separe CUIDADOSAMENTE el original por esta línea de corte

ZONA 1				ZONA 2			
1	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	26	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	51	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	76	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C
2	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	27	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	52	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	77	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C
3	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	28	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	53	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	78	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C
4	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	29	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	54	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	79	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C
5	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	30	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	55	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	80	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C
6	<input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C	31	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	56	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	81	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C
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