

A

Student Name _____

School Name _____

LSS/LEA 24 Name _____



Geometry

Answer Document

B

Last Name										First Name										MI			
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A			
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B			
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C			
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D			
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E			
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F			
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G			
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H			
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I			
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J		
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K		
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M		
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

School Use Only

F

SASID

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

C

**Place the
Student ID Label Here**

D Gender

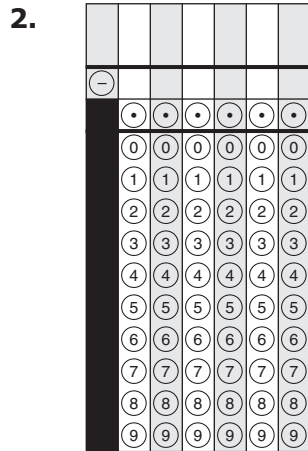
Female Male

E Date of Birth

Day	Month	Year		
0	<input type="radio"/> Jan	0	0	0
1	<input type="radio"/> Feb	1	1	1
2	<input type="radio"/> Mar	2	2	2
3	<input type="radio"/> Apr		3	3
4	<input type="radio"/> May		4	4
5	<input type="radio"/> Jun		5	5
6	<input type="radio"/> Jul		6	6
7	<input type="radio"/> Aug		7	7
8	<input type="radio"/> Sep		8	8
9	<input type="radio"/> Oct	9	9	9
	<input type="radio"/> Nov			
	<input type="radio"/> Dec			

Unit 1 (Non-Calculator)

1. (A) (B) (C) (D) (E)



3. (A) (B) (C) (D) (E)

4. (A) (B) (C) (D) (E) (F)





You have come to the end of Unit 1 of the test.

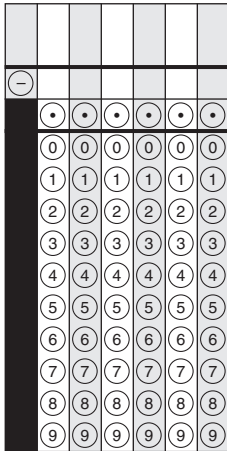
- **Review your answers in Unit 1 only.**
- **Then, close your test booklet and answer document and raise your hand to turn in your test materials.**



Unit 2 (Calculator)

1. (A) (B) (C) (D)

2.



3. (A) (B) (C) (D)

4. Part A

4. Part B



You have come to the end of Unit 2 of the test.

- **Review your answers from Unit 2 only.**
- **Then, close your test booklet and answer document and raise your hand to turn in your test materials.**





Maryland Comprehensive
Assessment Program

GEOMETRY
Answer Document

Practice Test

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