

A

Student Name _____

School Name _____

LSS/LEA 24 Name _____



Geometry
Answer Document

B

Last Name										First Name										MI
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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
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
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
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
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
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
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
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
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

School Use Only

F

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

Section 1 (Non-Calculator)

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

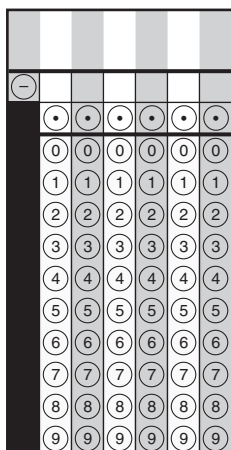
2. (A) (B) (C) (D)

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

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

5. (A) (B) (C) (D)

6.



7. (A) (B) (C) (D)

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

9.

<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

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

11. (A) (B) (C) (D)

12.

<input type="radio"/>					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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1	1	1	1	1	1
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4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

13. (A) (B) (C) (D)



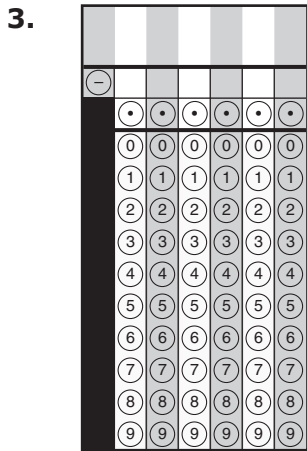
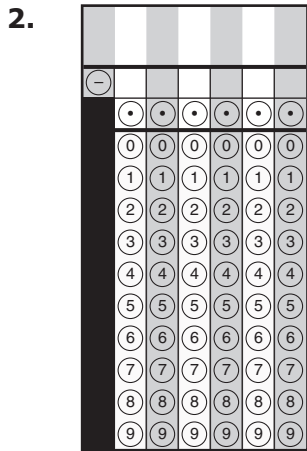


**You have come to the end of Section 1 of the test.
Review your answers in Section 1 only.**

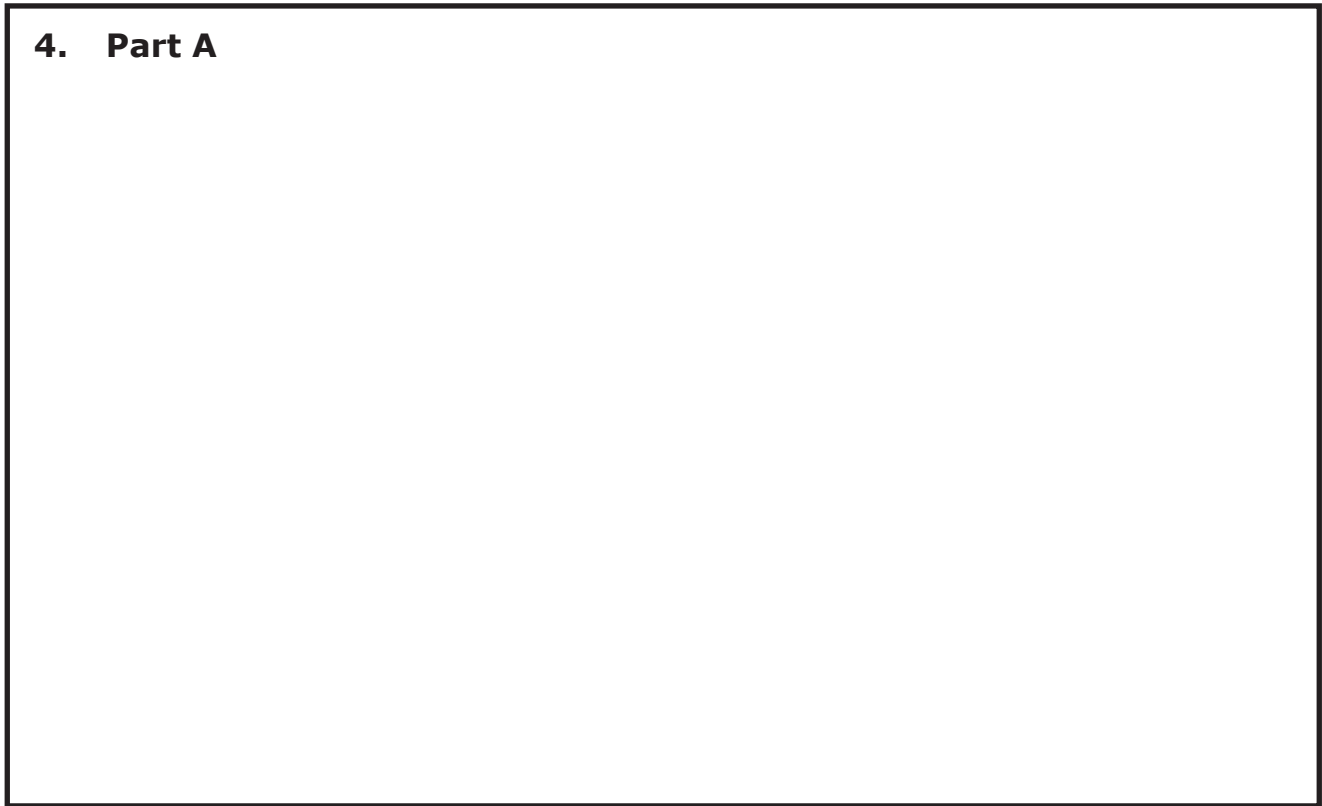


Section 2 (Calculator)

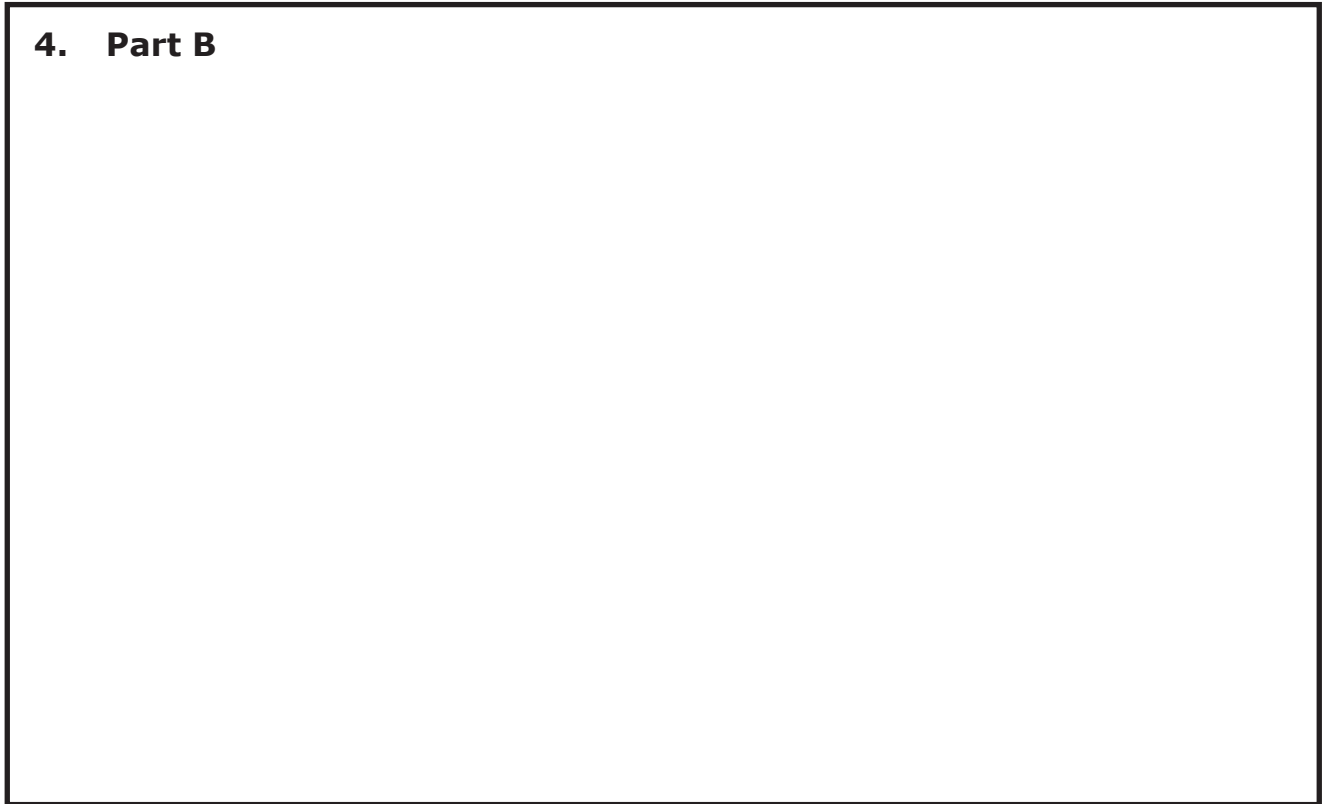
1. (A) (B) (C) (D)



4. Part A



4. Part B



5. (A) (B) (C) (D)

6. (A) (B) (C) (D)

7.

The image shows a calculator interface. At the top, there are six columns: shaded, unshaded, shaded, unshaded, shaded, unshaded. Below this is a row of six dots. The main display area contains a grid of numbers from 0 to 9, arranged in six columns and ten rows. The first column of the grid contains a minus sign in the top row.

8. (A) (B) (C) (D)





**You have come to the end of Section 2 of the test.
Review your answers in Section 2 only.**



Section 3 (Calculator)

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

2. (A) (B) (C) (D)

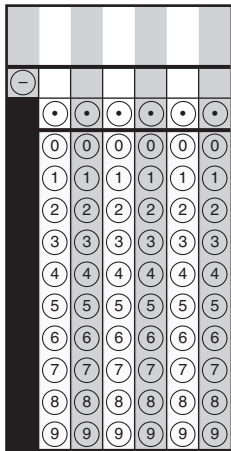
3.



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

5.

6.





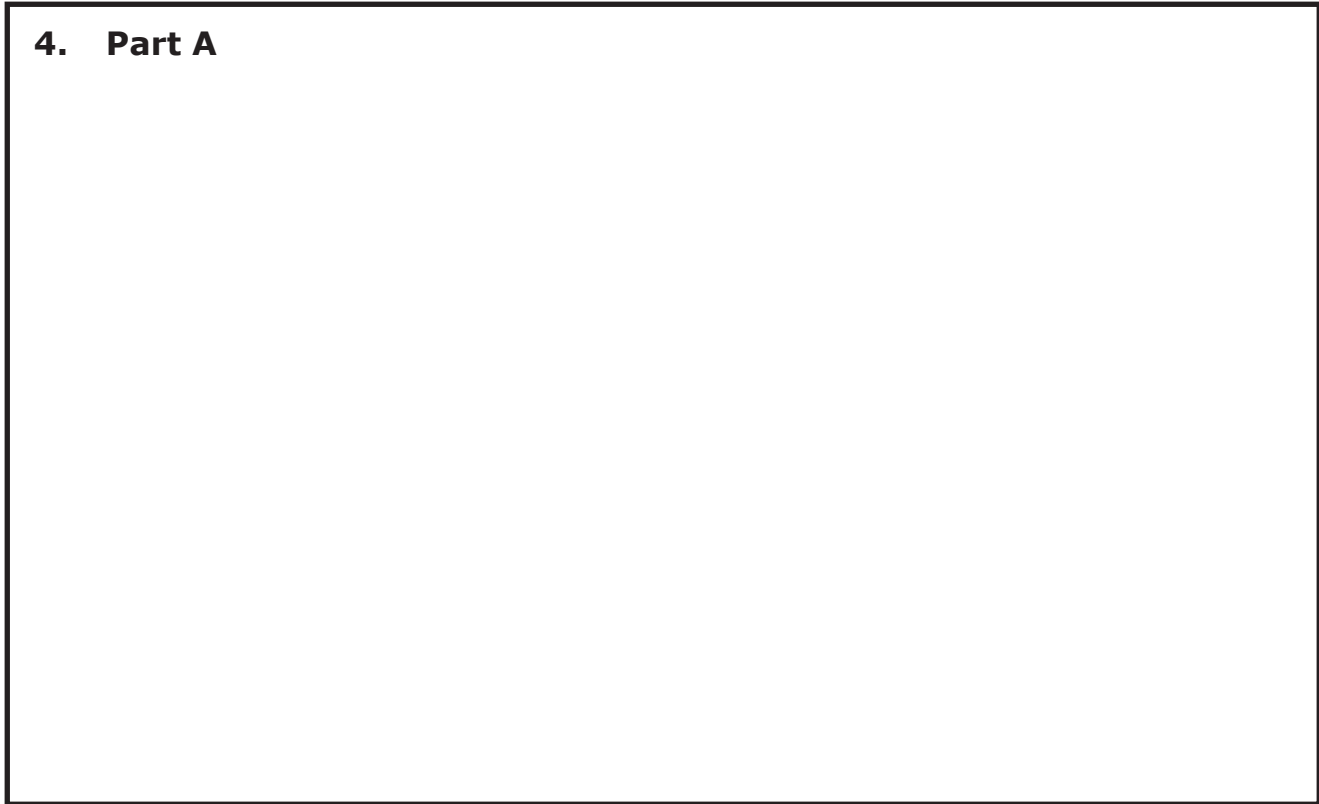
**You have come to the end of Section 3 of the test.
Review your answers in Section 3 only.**



Section 4 (Calculator)

- 1. (A) (B) (C) (D)
- 2. (A) (B) (C) (D)
- 3. (A) (B) (C) (D) (E)

4. Part A



4. Part B

5. (A) (B) (C) (D)

6. (A) (B) (C) (D)

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

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





**You have come to the end of Section 4 of the test.
Review your answers in Section 4 only.**





Maryland Comprehensive
Assessment Program

Geometry
Answer Document

Practice Test

