

A

Student Name _____

School Name _____

LEA Number _____

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"/>	<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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B	B	B	B	B	B	B	B	B	B	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	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	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	E	E	E	E	E	E	E	E	E	E	
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I	I	I	I	I	I	I	I	I	I	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	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	K	K	K	K	K	K	K	K	K	
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N	N	N	N	N	N	N	N	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	O	O	O	O	O	O	O	O	
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Z	Z	Z	Z	Z	Z	Z	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																													
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Place the
Student ID Label Here

D Gender

Female Male

Non-Binary

E Date of Birth

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



PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



Sección 1 (Sin calculadora)

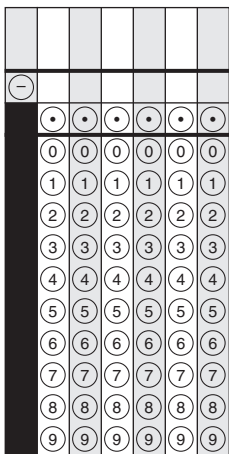
1. (A) (B) (C) (D)

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

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

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

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

6. 

The image shows a calculator keypad interface. At the top, there are six empty rectangular boxes for a display. Below them is a row of buttons: a minus sign (-), a plus sign (+), a multiplication sign (x), a division sign (÷), a percentage sign (%), and a square root sign (√). Below this is a row of six buttons with dots (•). The main keypad consists of a vertical column of buttons on the left, labeled with numbers 0 through 9. To the right of this column is a grid of buttons. The first row of the grid has six buttons labeled 0. The second row has six buttons labeled 1. The third row has six buttons labeled 2. The fourth row has six buttons labeled 3. The fifth row has six buttons labeled 4. The sixth row has six buttons labeled 5. The seventh row has six buttons labeled 6. The eighth row has six buttons labeled 7. The ninth row has six buttons labeled 8. The tenth row has six buttons labeled 9.

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

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

9.

-							
•	•	•	•	•	•	•	•
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

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

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

12. (A) (B) (C) (D)

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

14. (A) (B) (C) (D)



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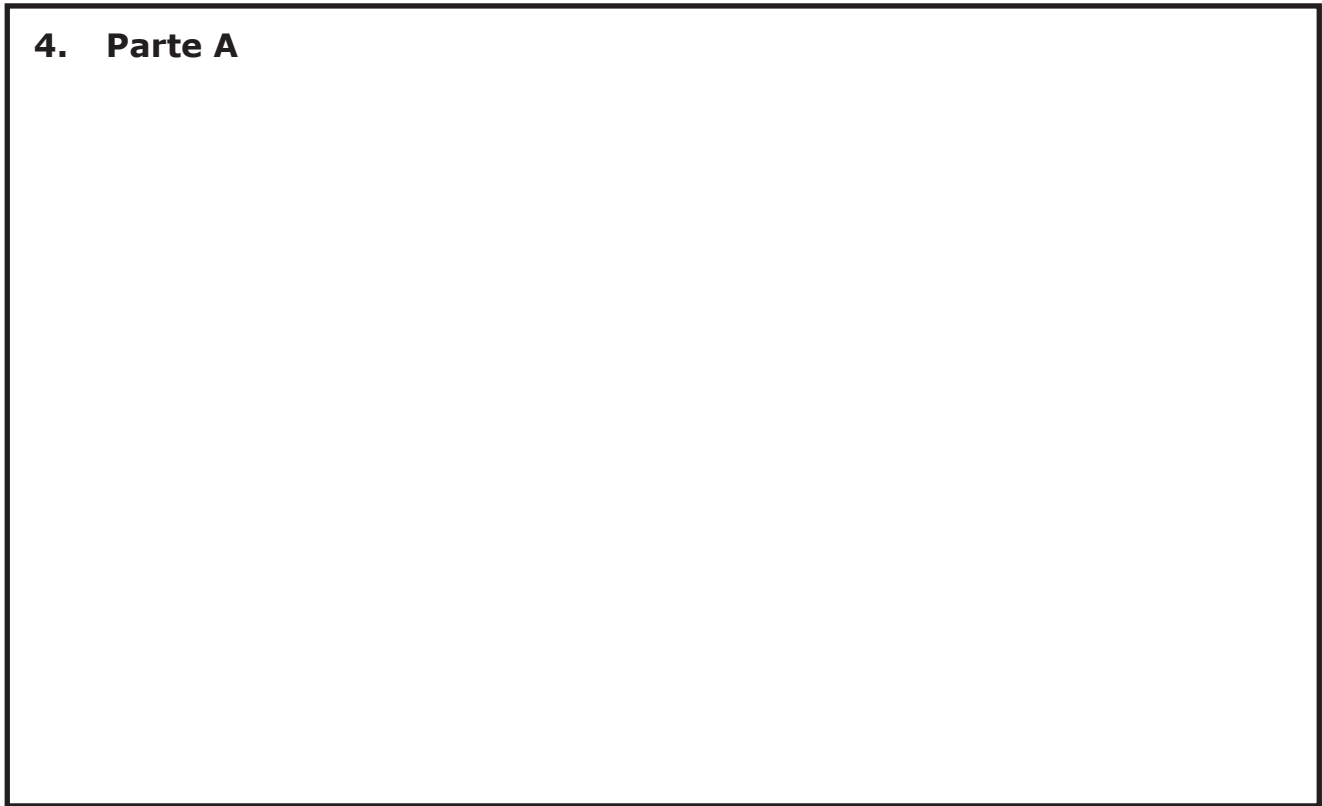
SERIAL #



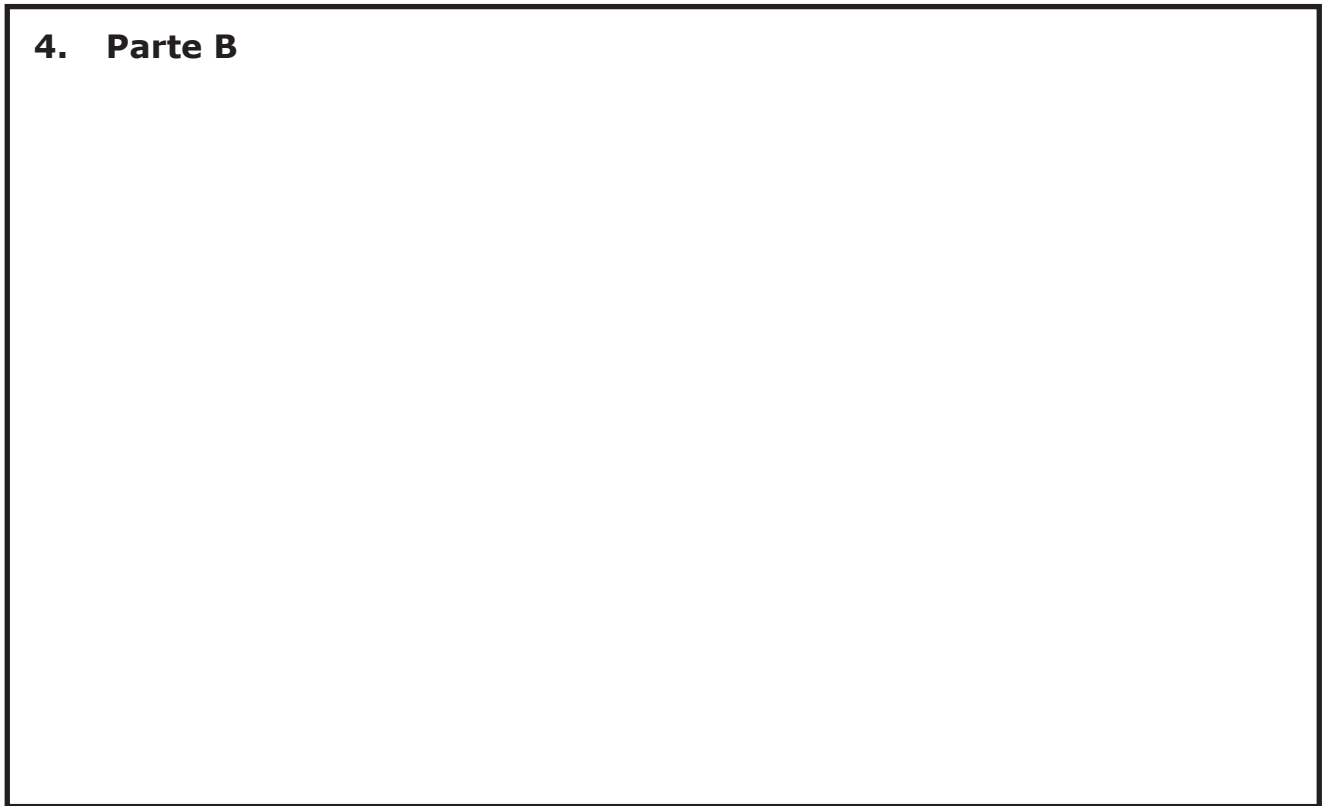
Llegaste al final de la Sección 1 del examen.
ÚNICAMENTE podrás revisar tus respuestas de la Sección 1.



4. Parte A



4. Parte B



5.

(-)					
	(•)	(•)	(•)	(•)	(•)
	(0)	(0)	(0)	(0)	(0)
	(1)	(1)	(1)	(1)	(1)
	(2)	(2)	(2)	(2)	(2)
	(3)	(3)	(3)	(3)	(3)
	(4)	(4)	(4)	(4)	(4)
	(5)	(5)	(5)	(5)	(5)
	(6)	(6)	(6)	(6)	(6)
	(7)	(7)	(7)	(7)	(7)
	(8)	(8)	(8)	(8)	(8)
	(9)	(9)	(9)	(9)	(9)

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

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



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SERIAL #

Sección 2

Sección 3 (Calculadora)

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

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

3.





Llegaste al final de la Sección 3 del examen.
ÚNICAMENTE podrás revisar tus respuestas de la
Sección 3.



Sección 4 (Calculadora)

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

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

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

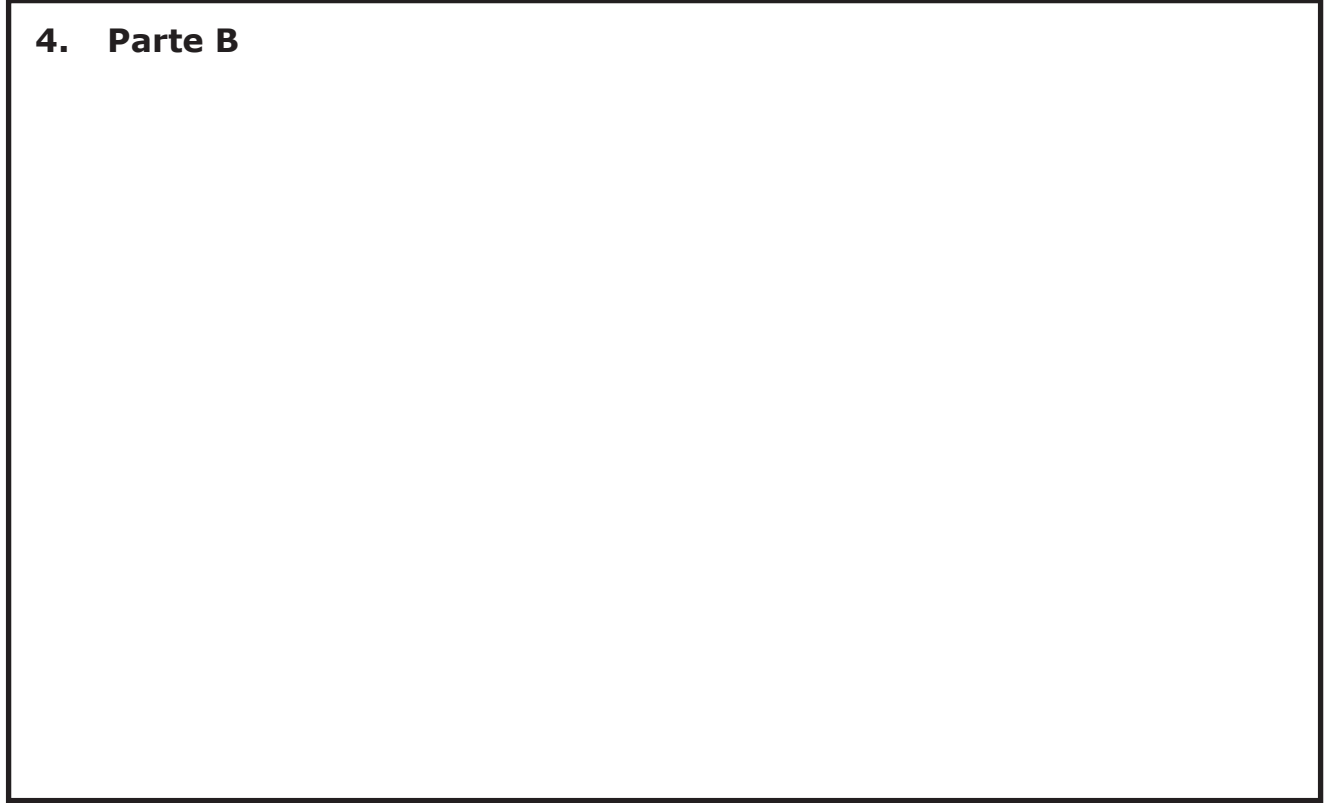
4. **Parte A**

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

4. Parte B



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

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

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





Llegaste al final de la Sección 4 del examen.
ÚNICAMENTE podrás revisar tus respuestas de la Sección 4.



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SERIAL #

Sección 4



Maryland Comprehensive
Assessment Program

Grade 8
Matemáticas
Documento de respuestas

Examen de práctica

