

A

Student Name _____

School Name _____

LEA Number _____

Maryland Comprehensive
Assessment Program**PRACTICE TEST**

Geometry

Answer Document

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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	

School Use Only

SASID									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
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

CPlace the
Student ID Label Here**D****Gender**

- ☐ Female ☐ Male
☐ Non-Binary

E**Date of Birth**

Day		Month	Year			
0	0	☐	Jan	0	0	0
1	1	☐	Feb	1	1	1
2	2	☐	Mar	2	2	2
3	3	☐	Apr	3	3	3
4	4	☐	May	4	4	4
5	5	☐	Jun	5	5	5
6	6	☐	Jul	6	6	6
7	7	☐	Aug	7	7	7
8	8	☐	Sep	8	8	8
9	9	☐	Oct	9	9	9
		☐	Nov			
		☐	Dec			

100

4

**SERIAL #**

Section 2 (Calculator)

1. (A) (B) (C) (D)
2. (A) (B) (C) (D)
3. (A) (B) (C) (D)
4. (A) (B) (C) (D) (E) (F)

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

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

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





Section 3 (Calculator)

1. Ⓐ Ⓑ Ⓒ Ⓓ

2.

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

5.



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



- 15

SERIAL #

5.

- 6. (A) (B) (C) (D)
- 7. (A) (B) (C) (D) (E)
- 8. (A) (B) (C) (D)

Section 4



☐

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #



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





Maryland Comprehensive
Assessment Program

Geometry
Answer Document

Practice Test



Maryland
STATE DEPARTMENT OF EDUCATION