

Student Name _____

LEA Number _____



Answer Document

[illegible][illegible]

Place 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
	4	○	May			4	4
	5	○	Jun			5	5
	6	○	Jul			6	6
	7	○	Aug			7	7
	8	○	Sep			8	8
	9	○	Oct		9	9	9
		○	Nov				
		○	Dec				

Section 1 (Non-Calculator)

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

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

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

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

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

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

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

8.

⊖					
•	•	•	•	•	•
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
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

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #



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



- 6

GO ON ►

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

4.

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



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



- 2.**

(-)					
(•)	(•)	(•)	(•)	(•)	(•)
(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)
(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)

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

5.

⊖						
•	•	•	•	•	•	•
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

●

7. Ⓐ Ⓑ Ⓒ Ⓓ





Section 4 (Calculator)

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

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

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

5.

☐						
☐	☐	☐	☐	☐	☐	☐
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

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

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







Maryland Comprehensive
Assessment Program

Grade 8
Mathematics
Answer Document

Practice Test



Maryland
STATE DEPARTMENT OF EDUCATION