



Maryland Comprehensive Assessment Program

PRACTICE TEST

LS MISA Answer Sheet

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"/>	
A	A	A	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	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
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
F	F	F	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	G	G	G
H	H	H	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	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
K	K	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	L	L
M	M	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	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
P	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	Q
R	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	S
T	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	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

Statewide ID No.												
<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"/>
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

LEA	
<input type="radio"/>	<input type="radio"/>
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Home LEA	
<input type="radio"/>	<input type="radio"/>
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

For LEA 24 School Use Only

Local Student ID No.												
<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"/>
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

School No.			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

<input type="radio"/> M
<input type="radio"/> A
<input type="radio"/> B
<input type="radio"/> C

Date of Birth			
MONTH	DAY	YEAR	
<input type="radio"/> Jan			
<input type="radio"/> Feb	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 19 <input type="radio"/> 0
<input type="radio"/> Mar	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 20 <input type="radio"/> 1
<input type="radio"/> Apr	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> May	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> Jun	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> Jul	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> Aug	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> Sep	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> Oct	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> Nov	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> Dec			

Race / Ethnicity
<input type="radio"/> Hispanic/Latino <input type="radio"/> Y <input type="radio"/> N
<input type="radio"/> American Indian/Alaskan Native
<input type="radio"/> Asian
<input type="radio"/> Black or African American
<input type="radio"/> Native Hawaiian or other Pacific Islander
<input type="radio"/> White

Gender
<input type="radio"/> Female
<input type="radio"/> Male
<input type="radio"/> Non-Binary

Form
<input checked="" type="radio"/> Practice Test

Grade Level		
<input type="radio"/> 4	<input type="radio"/> 7	<input type="radio"/> 10
<input type="radio"/> 5	<input type="radio"/> 8	<input type="radio"/> 11
<input type="radio"/> 6	<input type="radio"/> 9	<input type="radio"/> 12

Place Student ID Label Here

16 Digit Static Barcode



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PRACTICE TEST

Student Signature

- Be sure that the circle you mark on your Answer Sheet matches the letter you choose in your Test Book.
- Make your mark heavy and dark, completely filling in your answer choice circle. If you make a mistake, erase your first mark completely before marking another answer.
- In addition to selected response items, there are constructed response items that require a written answer. Constructed response items are a very important part of the test.
- Write your best response for each constructed response item. Remember, only what you write within the response box will be scored.
- The Rubric Sheet provides information about how constructed response items will be scored. Use the Rubric Sheet during the test to help you plan and revise your responses.
- You may underline, mark, or make notes in your Test Book, or you may use scratch paper; however, be sure to record your final answer on the Answer Sheet.

Session 1



Correct Mark ○●○○

Incorrect Marks ○/○/○/○

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

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

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

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

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

6 CR



Session 1

7 A B C D

8 Part A A B C D

Part B A B C D

9 A B C D E

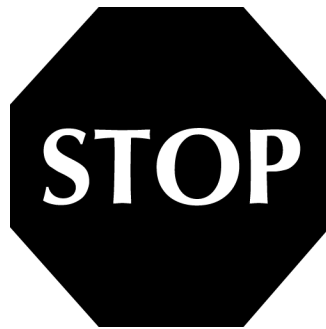
10 Part A A B C D

Part B A B C D

11 A B C D E

12 CR





**You have completed
this session.**

**No test material
on this page**



Maryland Comprehensive Assessment Program

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