

A

Student Name _____
 School Name _____
 District/LEA Name _____



PRACTICE TEST
 Grade 7
 Mathematics

Answer Document

B										First Name										MI
Last Name																				
<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

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

School Use Only

F State Student Identifier

<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
B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z
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



PLEASE DO NOT WRITE IN THIS AREA

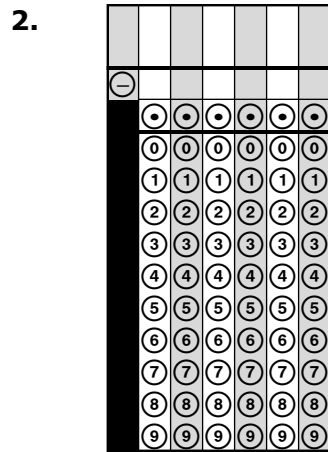


SERIAL #



Unit 1 - Section 1 (Non-Calculator)

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



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

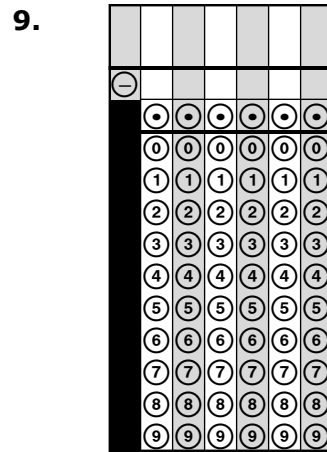
4. (A) (B) (C) (D)

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

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

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

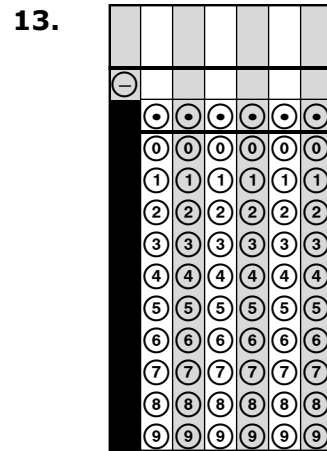
8. (A) (B) (C) (D)



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

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

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





You have come to the end of the non-calculator section in Unit 1 of the test.

- You may review your answers in the non-calculator section ONLY. You will not be allowed to return to the non-calculator section once you have received your calculator.
- When you are ready to go on to the calculator section, raise your hand to receive your calculator.



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SERIAL #



Unit 1 - Section 2 (Calculator)

Once you have received your calculator, continue into the calculator section.





15.

A large empty rectangular box for writing the answer to question 15.





Unit 2 (Calculator)

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

17. (A) (B) (C) (D)

18. (A) (B) (C) (D)



19.

Unit 2

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SERIAL #





20. Ⓐ Ⓑ Ⓒ Ⓓ



21.

Large empty rectangular area for writing the answer to question 21.

PLEASE DO NOT WRITE IN THIS AREA

Row of 26 circles for marking answers, with the first circle containing a square.

SERIAL #



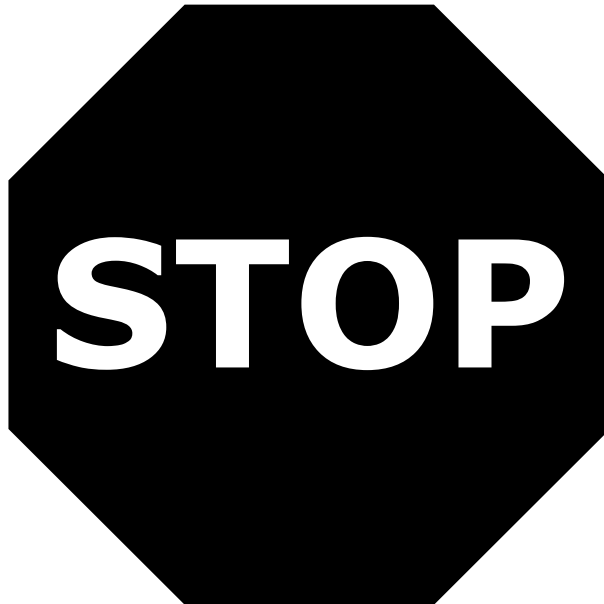
23. Part A

⊖					
○	○	○	○	○	○
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

Part B

⊖					
○	○	○	○	○	○
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





You have come to the end of Unit 2 of the test.

- Review your answers from Unit 2 only.
- Then, close your test booklet and answer document and raise your hand to turn in your test materials.



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SERIAL #



Unit 3 (Calculator)

24. (A) (B) (C) (D)

25. Part A (A) (B) (C) (D)

Part B

⊖					
⊙	⊙	⊙	⊙	⊙	⊙
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



26.

[Large empty rectangular box for student response]

Unit 3

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SERIAL #



27. (A) (B) (C) (D)

28. Part A (A) (B) (C) (D)
Part B (A) (B) (C) (D)



29. Part A

Blank response area for Part A of question 29.

29. Part B

Blank response area for Part B of question 29.

PLEASE DO NOT WRITE IN THIS AREA



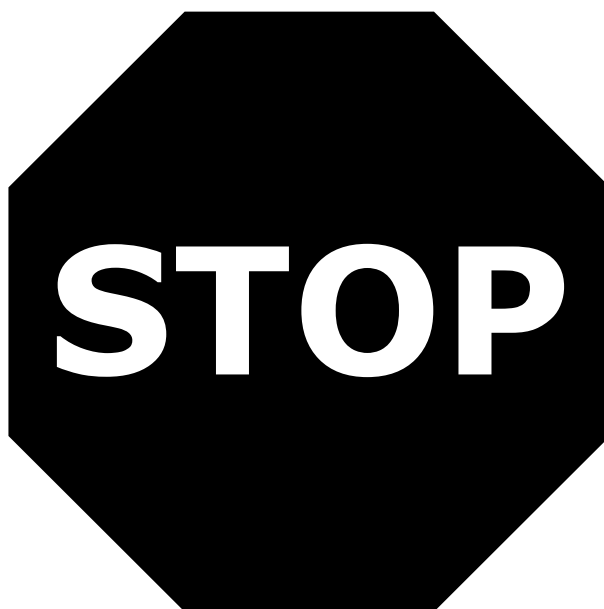
SERIAL #



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

31. Part A (A) (B) (C) (D)
Part B (A) (B) (C) (D)





You have come to the end of Unit 3 of the test.

- Review your answers from Unit 3 only.
- Then, close your test booklet and answer document and raise your hand to turn in your test materials.



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**Grade 7
Mathematics
Answer Document**

Practice Test

MATH07ABO