



**A**

**Student Name** \_\_\_\_\_

**School Name** \_\_\_\_\_

**District/LEA Name** \_\_\_\_\_

**PRACTICE TEST**  
**Grade 5**  
**Mathematics**  
**Answer Document**  
**Spanish**

**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"/>
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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
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

**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"/>	<input type="radio"/>	<input type="radio"/>
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B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S
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U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V
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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

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



PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



# Unidad 1

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

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

3. Parte A

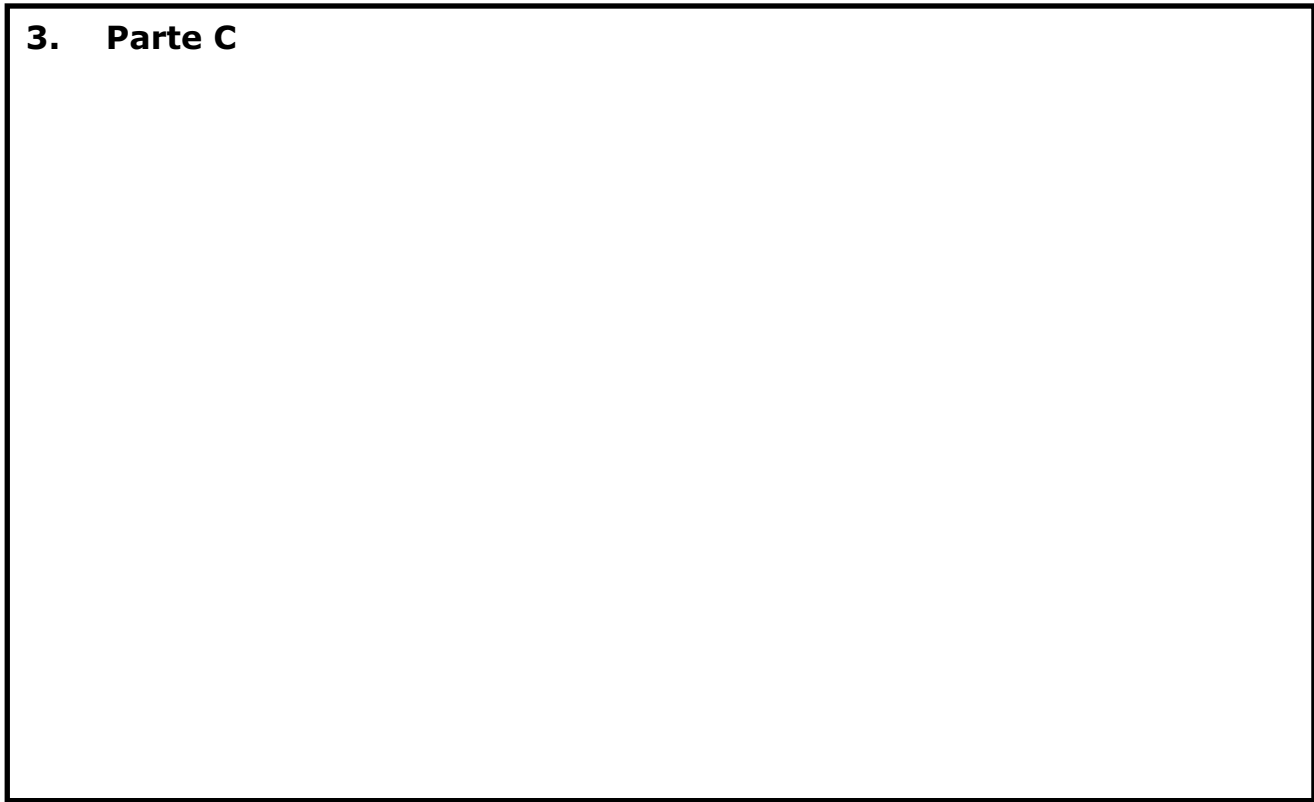
3. Parte B

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

3. Parte C

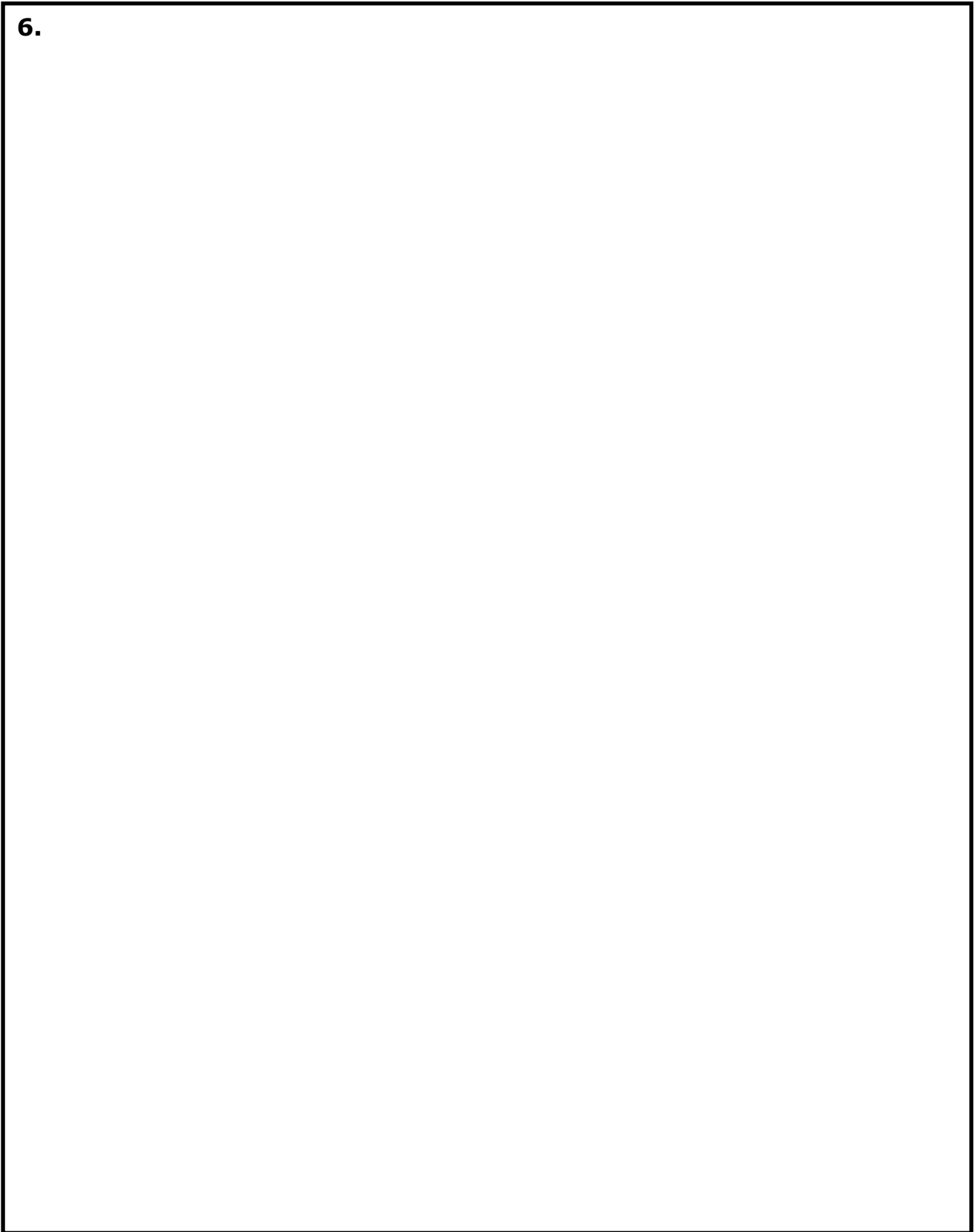


4. (A) (B) (C) (D)

5.

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5	5	5	5	5	5
6	6	6	6	6	6
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8	8	8	8	8	8
9	9	9	9	9	9

6.



Unidad 1

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SERIAL #

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

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

9. (A) (B) (C) (D)

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





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





Llegaste al final de la Unidad 1 del examen.

- **Revisa tus respuestas de la Unidad 1 solamente.**
- **Luego, cierra tu cuadernillo de examen y tu documento de respuestas y levanta la mano para entregar tus materiales de examen.**



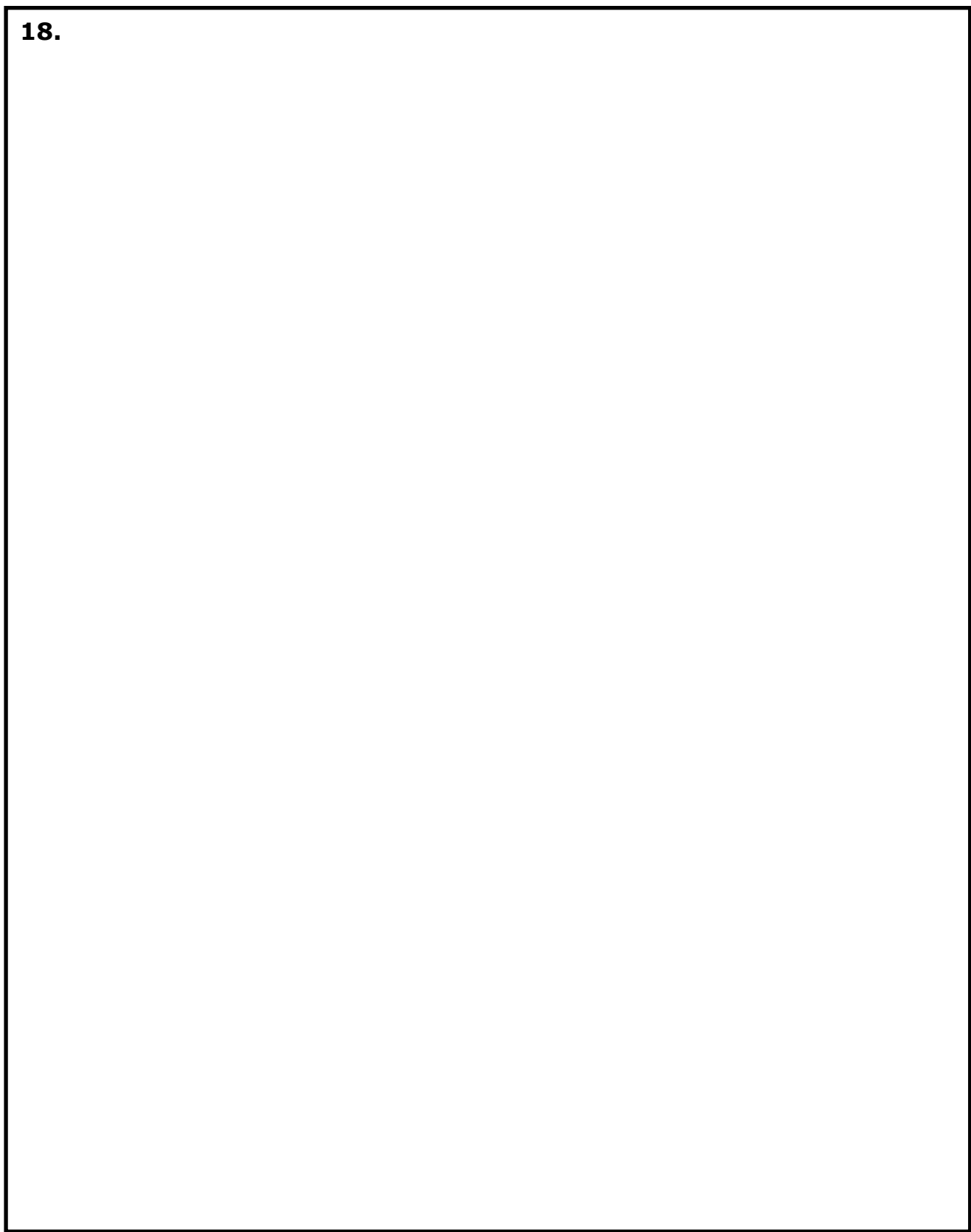
PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



18.





20.

Unidad 2





# Unidad 3

21.

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8	8	8	8	8	8
9	9	9	9	9	9

22.

0	0	0	0	0	0
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6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

23. **Parte A** (A) (B) (C) (D)  
**Parte B** (A) (B) (C) (D)

24.

0	0	0	0	0	0
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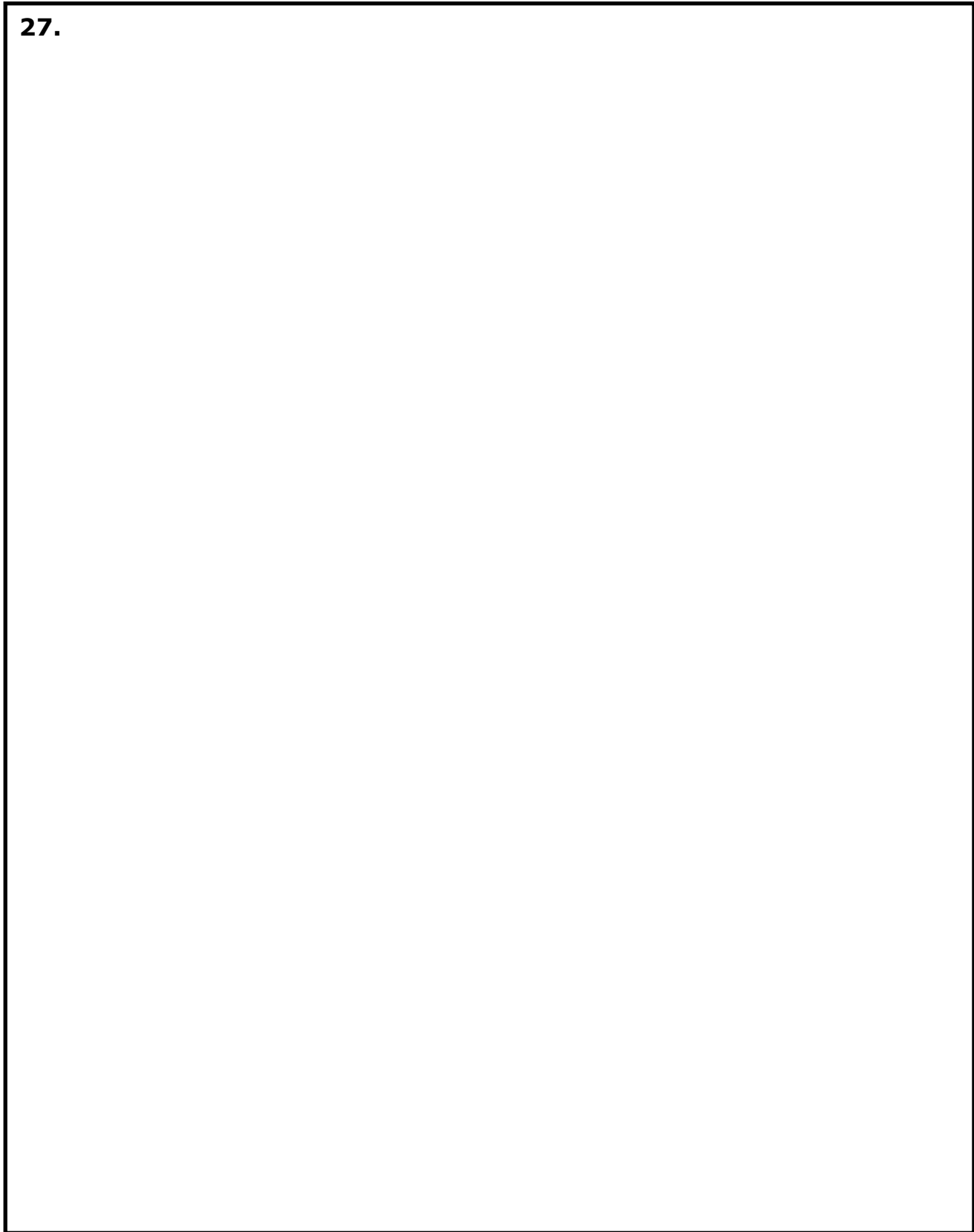
25. (A) (B) (C) (D) (E)

26.

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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



27.



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SERIAL #

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

29. (A) (B) (C) (D)

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

31. Parte 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

Parte 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







Quinto grado  
Matemáticas  
**Documento de respuestas**

*Examen de práctica*

*Español*

MATH05ABO