

A

Student Name _____
 School Name _____
 District/LEA Name _____

PRACTICE TEST
Algebra II

Answer Document

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"/>	
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
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
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
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
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
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
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
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
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
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
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
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
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

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"/>
A	A	A	A	A	A	A	A	A	A
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
T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z
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

C

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"/>	Jan	<input type="radio"/>
<input type="radio"/>	Feb	<input type="radio"/>
<input type="radio"/>	Mar	<input type="radio"/>
<input type="radio"/>	Apr	<input type="radio"/>
<input type="radio"/>	May	<input type="radio"/>
<input type="radio"/>	Jun	<input type="radio"/>
<input type="radio"/>	Jul	<input type="radio"/>
<input type="radio"/>	Aug	<input type="radio"/>
<input type="radio"/>	Sep	<input type="radio"/>
<input type="radio"/>	Oct	<input type="radio"/>
<input type="radio"/>	Nov	<input type="radio"/>
<input type="radio"/>	Dec	<input type="radio"/>



PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



Unit 1 - Section 1 (Non-Calculator)

1.

−					
•	•	•	•	•	•
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

2.

Part A (A) (B) (C) (D)
Part B (A) (B) (C) (D) (E) (F)

3.

−					
•	•	•	•	•	•
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) (E)

5.

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

6.

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

7.

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

8.

Part A (A) (B) (C) (D)
Part B (A) (B) (C) (D) (E)

9.

−					
•	•	•	•	•	•
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

10.

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





Unit 1 - Section 2 (Calculator)

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



14. Part A

[Empty response box for Part A]

14. Part B

[Empty response box for Part B]



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

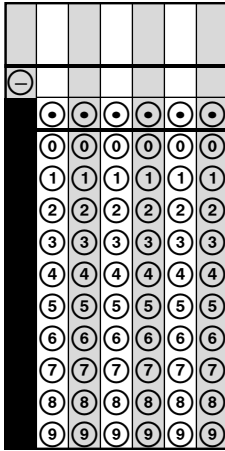
- **Review your answers in the calculator section of Unit 1 only.**
- **Then, close your test booklet and answer document and raise your hand to turn in your test materials.**





Unit 2 (Calculator)

16.



17.

- (A) (B) (C) (D)

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



18.

[Large empty rectangular box for student response]



22.

Blank area for student response.



27. Part A

[Empty answer area for Part A]

27. Part B

[Empty answer area for Part B]

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



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

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

Part B (A) (B) (C) (D)

30. (A) (B) (C) (D) (E) (F) (G) (H)





Unit 3 (Calculator)

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





32.

[Large empty rectangular area for writing the answer to question 32]



Unit 3

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



33. (A) (B) (C) (D)

34. 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 (A) (B) (C) (D)

Part C (A) (B) (C) (D) (E) (F)

Part D (A) (B) (C) (D)

35. (A) (B) (C) (D) (E) (F) (G) (H)

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

Part B (A) (B) (C) (D)

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



38. Part A

[Empty response area for Part A]

38. Part B

[Empty response area for Part B]

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



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



40.

Large empty rectangular area for writing the answer to question 40.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #





41. 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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SERIAL #





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Algebra II
Answer Document

Practice Test

ALGIIFS