

**A**

Student Name \_\_\_\_\_  
 School Name \_\_\_\_\_  
 District/LEA Name \_\_\_\_\_

**P**

**PRACTICE TEST  
 Grade 4**

**English Language Arts/Literacy  
 Answer Document**

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
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"/>
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
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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

Date of Birth		
Day	Month	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
<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"/>

# Unit 1

Unit 1

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

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

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

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

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

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

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

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

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

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

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

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

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

7.

A large rectangular box containing 23 horizontal lines for writing.









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

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

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

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

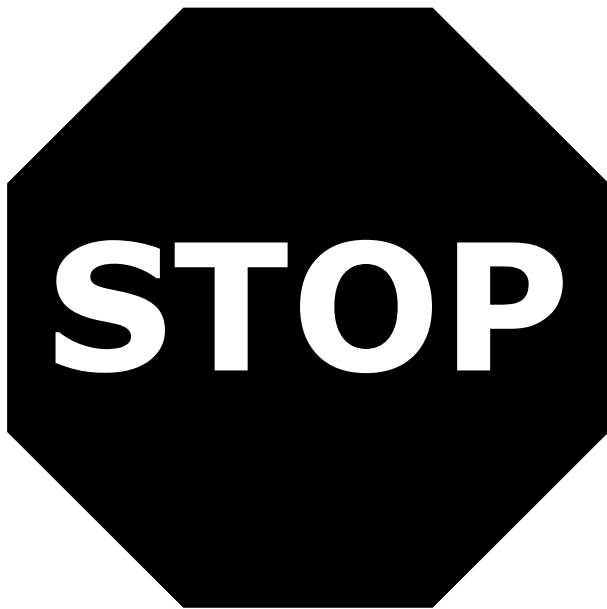
10. Part A (A) (B) (C) (D)

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

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

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





You have come to the end of Unit 1 of the test.

- Review your answers from Unit 1 only.
- Then, close your test booklet and answer document and raise your hand to turn in your test materials.



PLEASE DO NOT WRITE IN THIS AREA




































SERIAL #



# Unit 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



20. Continued

Lined writing area for question 20. Continued







**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.**











25. Continued

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

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

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

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

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

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

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

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

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

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

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

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









PLEASE DO NOT WRITE IN THIS AREA															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SERIAL #</b>



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**Grade 4**  
**English Language Arts/Literacy**  
**Answer Document**

*Practice Test*

ELA04FS