



A

Student Name _____

School Name _____

District/LEA Name _____

PRACTICE TEST
Grade 6
Mathematics
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
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
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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

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

Unit 1 (Non-Calculator)

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

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

3.

A calculator interface with a blank display and a numeric keypad. The keypad includes a sign button (plus/minus), a decimal point button, a fraction button, and digits 0-9.

4.

A calculator interface with a blank display and a numeric keypad. The keypad includes a sign button (plus/minus), a decimal point button, a fraction button, and digits 0-9.

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

6.

A calculator interface with a blank display and a numeric keypad. The keypad includes a sign button (plus/minus), a decimal point button, a fraction button, and digits 0-9.

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

8.

A calculator interface with a blank display and a numeric keypad. The keypad includes a sign button (plus/minus), a decimal point button, a fraction button, and digits 0-9.

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



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.**





21.

Blank area for student response.



22. (A) (B) (C) (D)

23.

-						
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Unit 2

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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

SERIAL #



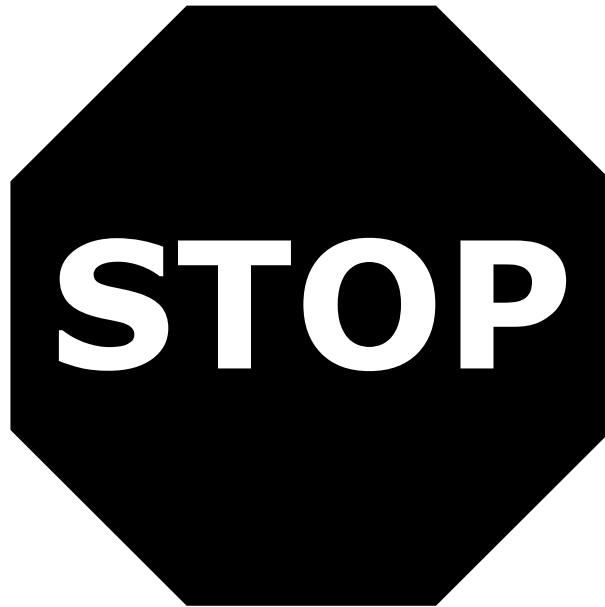
24.

A large empty rectangular box for writing the answer to question 24.



28.

Large empty rectangular box for student response.



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.



PLEASE DO NOT WRITE IN THIS AREA



SERIAL #





Unit 3 (Calculator)

30. Ⓐ Ⓑ Ⓒ Ⓓ



31. Part A

[Large empty rectangular box for Part A response]

31. Part B

[Large empty rectangular box for Part B response]

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #





32. 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



33. Part A

33. Part B

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #





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



35. Part A

Blank response area for Part A of question 35.

35. Part B

Blank response area for Part B of question 35.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



36. 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



37.

Large empty rectangular area for writing the answer to question 37.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #





38. 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



Grade 6
Mathematics
Answer Document

Practice Test

MATH06FS