



Medical Abbreviations Test

Name: Mary Luz Morales Date: 2/19/25 Score: 100%

Direction: Place the letter of each definition in column B before the abbreviation it describes in column A.

| COLUMN A            | COLUMN B                                            |
|---------------------|-----------------------------------------------------|
| 1. <u>D</u> AKA     | <del>A. Multiple Sclerosis</del>                    |
| 2. <u>GG</u> BP B/P | <del>B. Nothing by mouth</del>                      |
| 3. <u>C</u> C. diff | <del>C. Clostridium difficile</del>                 |
| 4. <u>E</u> DON     | <del>D. Above the knee amputation</del>             |
| 5. <u>AA</u> h, hr, | <del>E. Director of Nursing</del>                   |
| 6. <u>G</u> ICU     | <del>F. Iron</del>                                  |
| 7. <u>A</u> MS      | <del>G. Intensive care unit</del>                   |
| 8. <u>B</u> NPO     | <del>H. Hypertension</del>                          |
| 9. <u>I</u> SOB     | <del>I. Shortness of breath</del>                   |
| 10. <u>II</u> AMT   | <del>J. Prescription, treatment</del>               |
| 11. <u>JJ</u> CAD   | <del>K. Immediately, now</del>                      |
| 12. <u>DD</u> DNR   | <del>L. Chronic obstructive pulmonary disease</del> |
| 13. <u>EE</u> ETOH  | <del>M. Two times a day</del>                       |
| 14. <u>HH</u> HHA   | <del>N. Active range of motion</del>                |
| 15. <u>O</u> H/A    | <del>O. As desired</del>                            |
| 16. <u>Q</u> LTC    | P. Headache                                         |
| 17. <u>KK</u> OCD   | <del>Q. Long term care</del>                        |
| 18. <u>BB</u> PROM  | <del>R. Both eyes</del>                             |
| 19. <u>F</u> Fe     | <del>S. Partial weight bearing</del>                |
| 20. <u>FF</u> N/A   | <del>T. Force fluid</del>                           |
| 21. <u>LL</u> TKR   | <del>U. Intake and output</del>                     |
| 22. <u>V</u> THR    | <del>V. Total hip replacement</del>                 |
| 23. <u>L</u> COPD   | <del>W. Nursing assistant</del>                     |
| 24. <u>W</u> NA     | <del>X. Within normal limits</del>                  |
| 25. <u>M</u> B.I.D  | <del>Y. Fracture</del>                              |



26. WW CHF  
27. N AROM  
28. UY ADLs  
29. X WNL  
30. P ad lb  
31. XX as tol  
32. YY UTI  
33. Z HOB  
34. V Fx  
35. ZZ ROM  
36. T FF  
37. Y I&O  
38. R O.U.  
39. K STAT, stat  
40. S PWB  
41. RR T.P.R  
42. MM VS, vs  
43. SS AD  
44. J Rx  
45. H HTN  
46. NN PPE  
47. OO per os  
48. PP HS, hs  
49. QQ RN  
50. TT LPN

~~Z. Head of bed~~  
~~AA. Hour~~  
~~BB. Passive range of motion~~  
CC. Diagnosis  
~~DD. Do not resuscitate~~  
~~EE. Alcohol~~  
~~EE. Not applicable~~  
~~GG. Blood pressure~~  
~~HH. Home health aide~~  
~~II. Amount~~  
~~II. Coronary Artery disease~~  
~~KK. Obsessive compulsive disorder~~  
~~LL. Total knee replacement~~  
~~MM. Vital signs~~  
~~NN. Personal protective equipment~~  
~~OO. By mouth~~  
~~PP. Hour of sleep~~  
~~QQ. Registered nurse~~  
~~RR. Temperature, pulse and respiration~~  
~~SS. Alzheimer's disease~~  
~~TT. Licensed practical nurse~~  
~~UU. Activities of daily living~~  
VV. Three times a day  
~~WW. Congestive heart failure~~  
~~XX. As tolerated~~  
~~YY. Urinary tract infection~~  
~~ZZ. Range of motion~~

# **PART 1** 1 to 50

| INSTRUCTOR USE ONLY |    |    |    |    |
|---------------------|----|----|----|----|
| 100                 | 90 | 80 | 70 | 60 |
| 50                  | 40 | 30 | 20 | 10 |
| 9                   | 8  | 7  | 6  | 5  |
| 4                   | 3  | 2  | 1  | 0  |

**MARKING INSTRUCTIONS**

USE NO. 2 PENCIL ONLY

FILL BOX COMPLETELY

CORRECT: ☐ A ☐ B ☐ C ☐ D ☐ E

ERASE COMPLETELY TO CHANGE

INCORRECT: ☐ A ☐ B ☐ C ☐ D ☐ E

**TO USE SUBJECTIVE SCORE FEATURE:**

Mark total possible subjective points

Only one mark per line on key

165 points maximum

**EXAMPLE OF STUDENT SCORE:**

|     |     |     |     |     |
|-----|-----|-----|-----|-----|
| 150 | 400 | 600 | 700 | 800 |
| 150 | 400 | 600 | 700 | 800 |
| 150 | 400 | 600 | 700 | 800 |
| 150 | 400 | 600 | 700 | 800 |
| 150 | 400 | 600 | 700 | 800 |

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Name: Marcus Morales

Subject: CPA

Date: 1/21/25

Email: moralessm

Test No.: 2

Period:

Cell / Text:

| TEST RECORD |  |
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| PART 1      |  |
| PART 2      |  |
| TOTAL       |  |

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Name: Marcus Morales

Subject: CPA

Date: 1/23/25

Email: moralessm38910

Test No.: 2

Period:

Cell / Text:

| TEST RECORD |  |
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| PART 1      |  |
| PART 2      |  |
| TOTAL       |  |

$36/61 = 59\%$   
 $31/47 = 66\%$   
 $25$   
 $-16$

VS1107-2  
HKJH 19-12-2019

VS1107-2  
HKJH 19-12-2019

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| 99  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 100 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |

NAME



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <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"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

• MAKE DARK MARKS

• ERASE COMPLETELY TO CHANGE

• MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on Key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

REScore: Rescores a previously scored test. Automatically prints correct responses.

NAME Maryluz Morales

SUBJECT Math

DATE 1/30/25 PERIOD 4

Apperson  
REORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24  
www.apperson.com 800.827.9219

Score 28/35



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <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"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

• MAKE DARK MARKS

• ERASE COMPLETELY TO CHANGE

• MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on Key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

REScore: Rescores a previously scored test. Automatically prints correct responses.

NAME Maryluz Morales

SUBJECT Math

DATE 1/30/25 PERIOD 4

Apperson  
REORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 05/23  
www.apperson.com 800.827.9219

Score 28/35

VS1107-2  
HKJH 19-12-2019

NAME

(T) (F) KEY

1% 2 3 4 5

- 51 A B C D E  
52 A B C D E  
53 A B C D E  
54 A B C D E  
55 A B C D E  
56 A B C D E  
57 A B C D E  
58 A B C D E  
59 A B C D E  
60 A B C D E  
61 A B C D E  
62 A B C D E  
63 A B C D E  
64 A B C D E  
65 A B C D E  
66 A B C D E  
67 A B C D E  
68 A B C D E  
69 A B C D E  
70 A B C D E  
71 A B C D E  
72 A B C D E  
73 A B C D E  
74 A B C D E  
75 A B C D E  
76 A B C D E  
77 A B C D E  
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85 A B C D E  
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87 A B C D E  
88 A B C D E  
89 A B C D E  
90 A B C D E  
91 A B C D E  
92 A B C D E  
93 A B C D E  
94 A B C D E  
95 A B C D E  
96 A B C D E  
97 A B C D E  
98 A B C D E  
99 A B C D E  
100 A B C D E

Key K Verify V Rescore R

(T) (F)

- 51 A B C D E  
52 A B C D E  
53 A B C D E  
54 A B C D E  
55 A B C D E  
56 A B C D E  
57 A B C D E  
58 A B C D E  
59 A B C D E  
60 A B C D E  
61 A B C D E  
62 A B C D E  
63 A B C D E  
64 A B C D E  
65 A B C D E  
66 A B C D E  
67 A B C D E  
68 A B C D E  
69 A B C D E  
70 A B C D E  
71 A B C D E  
72 A B C D E  
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75 A B C D E  
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88 A B C D E  
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91 A B C D E  
92 A B C D E  
93 A B C D E  
94 A B C D E  
95 A B C D E  
96 A B C D E  
97 A B C D E  
98 A B C D E  
99 A B C D E  
100 A B C D E

000000

Score  
Rescore



CODE I.D. NUMBER AT  
LEFT BY FILLING IN  
THE APPROPRIATE  
BOXES.

### EXAMPLE

| 4  | 3  | 7  | 9  | 0  | 1  |
|----|----|----|----|----|----|
| 00 | 00 | 00 | 00 | 00 | 00 |
| 01 | 01 | 01 | 01 | 01 | 01 |
| 02 | 02 | 02 | 02 | 02 | 02 |
| 03 | 03 | 03 | 03 | 03 | 03 |
| 04 | 04 | 04 | 04 | 04 | 04 |
| 05 | 05 | 05 | 05 | 05 | 05 |
| 06 | 06 | 06 | 06 | 06 | 06 |
| 07 | 07 | 07 | 07 | 07 | 07 |
| 08 | 08 | 08 | 08 | 08 | 08 |
| 09 | 09 | 09 | 09 | 09 | 09 |

# STUDENTS

USE NO. 2 PENCIL ONLY

- EXAMPLE: CAN SEE  DO NOT SEE
- MAKE **DARK** MARKS
- ERASE **COMPLETELY** TO CHANGE
- MAKE NO STRAY MARKS

# INSTRUCTORS

## KEY MARKING INSTRUCTIONS

**KEY:** Must mark this box on key sheet.

**VERIFY:** Prints correct response next to it; incorrect answers. If Verify is not marked a dash will print next to incorrect answers.

**RESCORE:** Rescores a previously scored test. Automatically prints correct responses.

NAME Mary Luz More  
SUBJECT chs  
DATE 2-4-25 PERIOD  
Apperson  
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www.apperson.com 800.827.9219  
Score

Score

4942



CODE I.D. NUMBER AT  
LEFT BY FILLING IN  
THE APPROPRIATE  
BOXES.

### EXAMPLE

| 4      | 3      | 7      | 9      | 0      | 1      |
|--------|--------|--------|--------|--------|--------|
| C0     | C0     | C0     | C0     | single | C0     |
| C1     | C1     | C1     | C1     | C1     | double |
| C2     | C2     | C2     | C2     | C2     | C2     |
| C3     | single | C3     | C3     | C3     | C3     |
| double | C4     | C4     | C4     | C4     | C4     |
| C5     | C5     | C5     | C5     | C5     | C5     |
| C6     | C6     | C6     | C6     | C6     | C6     |
| C7     | C7     | double | C7     | C7     | C7     |
| C8     | C8     | C8     | C8     | C8     | C8     |
| C9     | C9     | C9     | single | C9     | C9     |

# STUDENTS



- EXAMPLE: CA ☐ CB ☒ CC ☐ CD ☐
- MAKE **DARK** MARKS
- ERASE **COMPLETELY** TO CHANGE
- MAKE NO STRAY MARKS

# INSTRUCTORS

NAME Jack 102 Page 1  
SUBJECT 4  
DATE 2/6/25 PERIOD \_\_\_\_\_  
Apperson \_\_\_\_\_  
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Score

18/07/20



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

- EXAMPLE: ☐ ☐ ☐ ☐ ☐ ☐
- MAKE DARK MARKS
- ERASE COMPLETELY TO CHANGE
- MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Paul J. Benoit

SUBJECT Math

DATE 10/22/02 PERIOD 7

Apperson

REORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24

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Score 37/40

STUDENT ID

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <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"/> |

Key ☐ K Verify ☐ V Rescore ☐ R

| (T) | (F)                      |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STUDENT ID

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Key ☐ K Verify ☐ V Rescore ☐ R

| (T) | (F)                      |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

- EXAMPLE: ☐ ☐ ☐ ☐ ☐ ☐
- MAKE DARK MARKS
- ERASE COMPLETELY TO CHANGE
- MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Marylou Morale

SUBJECT Math

DATE 10/22/02 PERIOD 7

Apperson

REORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24

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Score 37/40



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

• MAKE DARK MARKS

• ERASE COMPLETELY TO CHANGE

• MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Anthony Morales

SUBJECT Math

DATE 2/12/25 PERIOD 1

Apperson

REORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24

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Score

STUDENT ID

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

Key = K Verify = V Rescore = R

| (T) | (F)                        |                            |                            |                            |                            |
|-----|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 2   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 3   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 4   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 5   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 6   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 7   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 8   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 9   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 10  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 11  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 12  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 13  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 14  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 15  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 16  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 17  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 18  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 19  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 20  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 21  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 22  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 23  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 24  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 25  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 26  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 27  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 28  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 29  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 30  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 31  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 32  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 33  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 34  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 35  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 36  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 37  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 38  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 39  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 40  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 41  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 42  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 43  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 44  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 45  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 46  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 47  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 48  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 49  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 50  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

• MAKE DARK MARKS

• ERASE COMPLETELY TO CHANGE

• MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Anthony Morales

SUBJECT Math

DATE 2/12/25 PERIOD 1

Apperson

REORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24

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Score



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4  | 3  | 7  | 9  | 0  | 1  |
|----|----|----|----|----|----|
| 00 | 00 | 00 | 00 | 00 | 00 |
| 01 | 01 | 01 | 01 | 01 | 01 |
| 02 | 02 | 02 | 02 | 02 | 02 |
| 03 | 03 | 03 | 03 | 03 | 03 |
| 04 | 04 | 04 | 04 | 04 | 04 |
| 05 | 05 | 05 | 05 | 05 | 05 |
| 06 | 06 | 06 | 06 | 06 | 06 |
| 07 | 07 | 07 | 07 | 07 | 07 |
| 08 | 08 | 08 | 08 | 08 | 08 |
| 09 | 09 | 09 | 09 | 09 | 09 |

**STUDENTS**

USE NO. 2 PENCIL ONLY

• EXAMPLE:

• MAKE DARK MARKS

• ERASE COMPLETELY TO CHANGE

• MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

**KEY:** Must mark this box on Key sheet.

**VERIFY:** Prints, correct response, next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

**RESCORE:** Rescores a previously scored test. Automatically prints correct responses.

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 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 |

Key = K Verify = V Rescore = R

| (T) | (F) |   |   |   |   |
|-----|-----|---|---|---|---|
| 1   |     | B | C | D | E |
| 2   | A   | B |   | D | E |
| 3   | A   |   | C | D | E |
| 4   |     | B | C | D | E |
| 5   | A   | B |   | D | E |
| 6   | A   |   | C | D | E |
| 7   |     | B | C | D | E |
| 8   | A   | B |   | D | E |
| 9   | A   |   | C | D | E |
| 10  | A   | B |   | D | E |
| 11  | A   |   | C | D | E |
| 12  | A   | B | C |   | E |
| 13  | A   | B |   | D | E |
| 14  |     | B | C | D | E |
| 15  | A   | B |   | D | E |
| 16  | A   |   | C | D | E |
| 17  | A   | B | C |   | E |
| 18  |     | B | C | D | E |
| 19  | A   | B |   | D | E |
| 20  |     | B | C | D | E |
| 21  | A   |   | C | D | E |
| 22  | A   | B |   | D | E |
| 23  | A   | B |   | D | E |
| 24  | A   | B |   | D | E |
| 25  |     | B | C | D | E |
| 26  | A   | B |   | D | E |
| 27  | A   | B | C |   | E |
| 28  | A   | B | C |   | E |
| 29  | A   | B | C |   | E |
| 30  | A   | B |   | D | E |
| 31  |     | B | C | D | E |
| 32  |     | B | C | D | E |
| 33  | A   |   | C | D | E |
| 34  | A   | B |   | D | E |
| 35  | A   | B | C |   | E |
| 36  | A   | B |   | D | E |
| 37  | A   |   | C | D | E |
| 38  | A   |   | C | D | E |
| 39  | A   |   | C | D | E |
| 40  | A   |   | C | D | E |
| 41  | A   |   | C | D | E |
| 42  |     | B | C | D | E |
| 43  | A   | B | C |   | E |
| 44  | A   | B | C |   | E |
| 45  |     | B | C | D | E |
| 46  | A   | B |   | D | E |
| 47  |     | B | C | D | E |
| 48  |     | B | C | D | E |
| 49  |     | B | C | D | E |
| 50  |     | B | C | D | E |

NAME Hayden Morales

SUBJECT English

DATE 2/19/25 PERIOD 1

Apperson

REORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24

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Score 77/77

|     | Key=K | Verify=V | Rescore=R |
|-----|-------|----------|-----------|
|     | (T)   | (F)      |           |
| 51  | A     |          | C D E     |
| 52  | A     |          | C D E     |
| 53  |       | B        | C D E     |
| 54  |       | B        | C D E     |
| 55  | A     | B        | C D E     |
| 56  | A     |          | C D E     |
| 57  | A     | B        | C D E     |
| 58  |       | B        | C D E     |
| 59  | A     |          | C D E     |
| 60  | A     | B        | C D E     |
| 61  | A     | B        | C D E     |
| 62  |       | B        | C D E     |
| 63  |       | B        | C D E     |
| 64  |       | B        | C D E     |
| 65  | A     | B        | C D E     |
| 66  | A     | B        | C D E     |
| 67  | A     | B        | C D E     |
| 68  | A     | B        | C D E     |
| 69  |       | B        | C D E     |
| 70  |       | B        | C D E     |
| 71  | A     | B        | C D E     |
| 72  | A     |          | C D E     |
| 73  | A     | B        | C D E     |
| 74  | A     |          | C D E     |
| 75  | A     | B        | C D E     |
| 76  | A     | B        | C D E     |
| 77  | A     | B        | C D E     |
| 78  | A     |          | C D E     |
| 79  | A     | B        | C D E     |
| 80  |       | B        | C D E     |
| 81  | A     | B        | C D E     |
| 82  |       | B        | C D E     |
| 83  | A     |          | C D E     |
| 84  | A     | B        | C D E     |
| 85  | A     |          | C D E     |
| 86  | A     | B        | C D E     |
| 87  |       | B        | C D E     |
| 88  | A     |          | C D E     |
| 89  | A     |          | C D E     |
| 90  | A     | B        | C D E     |
| 91  |       | B        | C D E     |
| 92  |       | B        | C D E     |
| 93  | A     |          | C D E     |
| 94  |       | B        | C D E     |
| 95  | A     | B        | C D E     |
| 96  | A     | B        | C D E     |
| 97  | A     | B        | C D E     |
| 98  |       | B        | C D E     |
| 99  | A     | B        | C D E     |
| 100 |       | B        | C D E     |

Score

Rescore