



15

## Medical Abbreviations Test

Name: Digna Jazmin CastanoDate: 02/19/25Score: 90/96

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



|                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| 26. <u>WW</u> CHF                                  | <del>Z</del> . Head of bed                         |
| 27. <u>N</u> AROM                                  | <del>AA</del> . Hour                               |
| 28. <u>UU</u> ADLs                                 | <del>BB</del> . Passive range of motion            |
| 29. <u>X</u> WNL                                   | <del>CC</del> . Diagnosis                          |
| 30. <u>SS</u> ad lb <del>X</del> <u>O</u>          | <del>DD</del> . Do not resuscitate                 |
| 31. <u>XX</u> as tol                               | <del>EE</del> . Alcohol                            |
| 32. <u>YY</u> UTI                                  | <del>FF</del> . Not applicable                     |
| 33. <u>Z</u> HOB                                   | <del>GG</del> . Blood pressure                     |
| 34. <u>Y</u> Fx                                    | <del>HH</del> . Home health aide                   |
| 35. <u>ZZ</u> ROM                                  | <del>II</del> . Amount                             |
| 36. <u>T</u> FF                                    | <del>JJ</del> . Coronary Artery disease            |
| 37. <u>U</u> I&O                                   | <del>KK</del> . Obsessive compulsive disorder      |
| 38. <u>R</u> O.U.                                  | <del>LL</del> . Total knee replacement             |
| 39. <u>K</u> STAT, stat                            | <del>MM</del> . Vital signs                        |
| 40. <u>S</u> PWB                                   | <del>NN</del> . Personal protective equipment      |
| 41. <u>RR</u> T.P.R                                | <del>OO</del> . By mouth                           |
| 42. <u>MM</u> VS, vs                               | <del>PP</del> . Hour of sleep                      |
| 43. <u>O</u> AD <del>Y</del> <u>SS</u>             | <del>QQ</del> . Registered nurse                   |
| 44. <u>CC</u> Rx <del>X</del> <u>J</u>             | <del>RR</del> . Temperature, pulse and respiration |
| 45. <u>H</u> HTN                                   | <del>SS</del> . Alzheimer's disease                |
| 46. <u>NN</u> PPE                                  | <del>TT</del> . Licensed practical nurse           |
| 47. <u>J</u> per os <del>X</del> <u>O</u> <u>O</u> | <del>UU</del> . Activities of daily living         |
| 48. <u>PP</u> HS, hs                               | <del>VV</del> . Three times a day                  |
| 49. <u>QQ</u> RN                                   | <del>WW</del> . Congestive heart failure           |
| 50. <u>TT</u> LPN                                  | <del>XX</del> . As tolerated                       |
|                                                    | <del>YY</del> . Urinary tract infection            |
|                                                    | <del>ZZ</del> . Range of motion                    |

| INSTRUCTOR USE ONLY |    |    |    |    |  |  |  |  |  |
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| 100                 | 90 | 80 | 70 | 60 |  |  |  |  |  |
| 50                  | 40 | 30 | 20 | 10 |  |  |  |  |  |
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| 4                   | 3  | 2  | 1  | 0  |  |  |  |  |  |

**PART 1**  
1 to 50

| INSTRUCTOR USE ONLY |    |    |    |    |  |  |  |  |  |
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**PART 1**  
1 to 50

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**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

• 163 points maximum

**EXAMPLE OF STUDENT SCORE:**

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Name: Diana Ramirez

Subject: SWA

Date: 01/21/15

Email: \_\_\_\_\_

Test No.: \_\_\_\_\_

Period: \_\_\_\_\_

Cell / Text: \_\_\_\_\_

| TEST RECORD |  |
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| TOTAL       |  |

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**MARKING INSTRUCTIONS**

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FILL BOX COMPLETELY

• CORRECT: ☐ A ☐ B ☐ C ☐ D ☐ E

• ERASE COMPLETELY TO CHANGE

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Date: 01/23/15

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Test No.: \_\_\_\_\_

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| PART 1      |  |
| PART 2      |  |
| TOTAL       |  |

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FEED THIS DIRECTION

FEED THIS DIRECTION

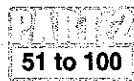
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37/47

79%

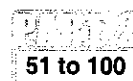
x8

5.3/61 = 87%



VS1107-2  
HKJH 19-12-2019

NAME



VS1107-2  
HKJH 19-12-2019

NAME

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| 88  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 89  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 90  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 91  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 92  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 93  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 94  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 95  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 96  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 97  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 98  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 99  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 100 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |

|     | (T)                        | (F)                        | KEY                        |                            |                            |
|-----|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|     | <input type="checkbox"/> % | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 51  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 52  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 72  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 82  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 84  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 87  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 88  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 93  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 95  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 97  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 98  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 99  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 100 | <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: ☐ ☐ ☐ ☐ ☐ ☐

• 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 Diana Castano

SUBJECT \_\_\_\_\_

DATE \_\_\_\_\_ PERIOD \_\_\_\_\_

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

Score 36/35.7%



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 Diana Castano

SUBJECT NA

DATE 04/30/25 PERIOD \_\_\_\_\_

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

Score \_\_\_\_\_

VS1107-2  
HKJH 19-12-2019

NAME

(T) (F) KEY

|     | (T)                        | (F)                        | KEY                        |
|-----|----------------------------|----------------------------|----------------------------|
| 51  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 52  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 53  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 54  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 55  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 56  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 57  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 58  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 59  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
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| 61  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 62  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 63  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
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| 67  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 68  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 69  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 70  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 71  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 72  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 73  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 74  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 75  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 76  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 77  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 78  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 79  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 80  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 81  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 82  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 83  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 84  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 85  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 86  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 87  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 88  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 89  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 90  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 91  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 92  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 93  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 94  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 95  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 96  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 97  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 98  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 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 |

Key = K Verify = V Rescore = R

|     | (T)                        | (F)                        | KEY                        |
|-----|----------------------------|----------------------------|----------------------------|
| 51  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 52  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 53  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 54  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 55  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 56  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
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| 58  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 59  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 60  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
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| 76  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 77  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
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| 92  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 93  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 94  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 95  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 96  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 97  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 98  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 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 |

FEED THIS DIRECTION



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: CA3 CB3 CD3 CE3

• 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 Didna Jazmin Caston

SUBJECT NA

DATE 02/10/12 PERIOD # 5

Apperson  
RECORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24  
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Score 24/35



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"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: CA3 CB3 CD3 CE3

• 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 Didna Jazmin Caston

SUBJECT NA

DATE 02/10/12 PERIOD #

Apperson  
RECORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24  
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Score 24/35

STUDENT ID

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

STUDENT ID

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 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   | A   | B | C | D | E |
| 2   | A   | B | C | D | E |
| 3   | A   | B | C | D | E |
| 4   | A   | B | C | D | E |
| 5   | A   | B | C | D | E |
| 6   | A   | B | C | D | E |
| 7   | A   | B | C | D | E |
| 8   | A   | B | C | D | E |
| 9   | A   | B | C | D | E |
| 10  | A   | B | C | D | E |
| 11  | A   | B | C | D | E |
| 12  | A   | B | C | D | E |
| 13  | A   | B | C | D | E |
| 14  | A   | B | C | D | E |
| 15  | A   | B | C | D | E |
| 16  | A   | B | C | D | E |
| 17  | A   | B | C | D | E |
| 18  | A   | B | C | D | E |
| 19  | A   | B | C | D | E |
| 20  | A   | B | C | D | E |
| 21  | A   | B | C | D | E |
| 22  | A   | B | C | D | E |
| 23  | A   | B | C | D | E |
| 24  | A   | B | C | D | E |
| 25  | A   | B | C | D | E |
| 26  | A   | B | C | D | E |
| 27  | A   | B | C | D | E |
| 28  | A   | B | C | D | E |
| 29  | A   | B | C | D | E |
| 30  | A   | B | C | D | E |
| 31  | A   | B | C | D | E |
| 32  | A   | B | C | D | E |
| 33  | A   | B | C | D | E |
| 34  | A   | B | C | D | E |
| 35  | A   | B | C | D | E |
| 36  | A   | B | C | D | E |
| 37  | A   | B | C | D | E |
| 38  | A   | B | C | D | E |
| 39  | A   | B | C | D | E |
| 40  | A   | B | C | D | E |
| 41  | A   | B | C | D | E |
| 42  | A   | B | C | D | E |
| 43  | A   | B | C | D | E |
| 44  | A   | B | C | D | E |
| 45  | A   | B | C | D | E |
| 46  | A   | B | C | D | E |
| 47  | A   | B | C | D | E |
| 48  | A   | B | C | D | E |
| 49  | A   | B | C | D | E |
| 50  | A   | B | C | D | 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: ☐ ☐ ☐ ☐ ☐ ☐
- 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 Dan Jarmen  
 SUBJECT NA  
 DATE 02/06/25 PERIOD #  
 Apperson  
 RECORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24  
 www.apperson.com 800.827.9219

Score

38/80



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 Didon Jarmen  
 SUBJECT NA Ch 8  
 DATE 02/10/25 PERIOD #  
 Apperson  
 RECORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24  
 www.apperson.com 800.827.9219

Score

34/100

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

NAME Dan Jarmen  
 SUBJECT NA  
 DATE 02/06/25 PERIOD #  
 Apperson  
 RECORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24  
 www.apperson.com 800.827.9219

Score

34/100

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

NAME Dan Jarmen  
 SUBJECT NA  
 DATE 02/06/25 PERIOD #  
 Apperson  
 RECORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24  
 www.apperson.com 800.827.9219

Score

38/80



### EXAMPLE

| 4 | 3 | 7 | 9 | 0 | 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 |

# STUDENTS



- EXAMPLE: ~~CAD~~ ~~ERR~~ ~~ERR~~ ~~ERR~~ ~~ERR~~
- MAKE **DARK** MARKS
- ERASE **COMPLETELY** TO CHANGE
- MAKE NO STRAY MARKS

# INSTRUCTORS

|                 |                                                                                                                            |
|-----------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>KEY:</b>     | Must mark this box on Key sheet.                                                                                           |
| <b>VERIFY:</b>  | Prints - correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers. |
| <b>RESCORE:</b> | Rescores a previously scored test. Automatically prints correct responses.                                                 |

Score

CA7CB7 CD3CB



### EXAMPLE

| 4  | 3  | 7  | 9  | 0  | 1  |
|----|----|----|----|----|----|
| 00 | 00 | 00 | 00 | 00 | 00 |
| 10 | 10 | 10 | 10 | 10 | 10 |
| 20 | 20 | 20 | 20 | 20 | 20 |
| 30 | 30 | 30 | 30 | 30 | 30 |
| 40 | 40 | 40 | 40 | 40 | 40 |
| 50 | 50 | 50 | 50 | 50 | 50 |
| 60 | 60 | 60 | 60 | 60 | 60 |
| 70 | 70 | 70 | 70 | 70 | 70 |
| 80 | 80 | 80 | 80 | 80 | 80 |
| 90 | 90 | 90 | 90 | 90 | 90 |

# STUDENTS



- EXAMPLE: `CAD C88 ■■■ C90 C82`
- 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 Verily is not marked, a dash will print next to incorrect answers.

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

Score

Key  $\sqsubseteq K \sqsupset$     Verify  $\sqsubseteq V \sqsupset$     Rescore  $\sqsubseteq R \sqsupset$ 

(T)      (F)

|    | (T) | (F) |  |  |  |
|----|-----|-----|--|--|--|
| 1  |     |     |  |  |  |
| 2  |     |     |  |  |  |
| 3  |     |     |  |  |  |
| 4  |     |     |  |  |  |
| 5  |     |     |  |  |  |
| 6  |     |     |  |  |  |
| 7  |     |     |  |  |  |
| 8  |     |     |  |  |  |
| 9  |     |     |  |  |  |
| 10 |     |     |  |  |  |

|    |                                                                                     |                                                                                     |                                                                                     |                                                                                     |   |
|----|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|
| 11 | A                                                                                   |  | C                                                                                   | D                                                                                   | E |
| 12 | A                                                                                   |  | C                                                                                   | D                                                                                   | E |
| 13 | A                                                                                   | B                                                                                   |  | D                                                                                   | E |
| 14 | A                                                                                   | B                                                                                   | C                                                                                   |  | E |
| 15 | A                                                                                   | B                                                                                   | C                                                                                   |  | E |
| 16 |  | B                                                                                   | C                                                                                   | D                                                                                   | E |
| 17 | A                                                                                   |  | C                                                                                   | D                                                                                   | E |
| 18 | A                                                                                   |  | C                                                                                   | D                                                                                   | E |
| 19 | A                                                                                   | B                                                                                   | C                                                                                   |  | E |
| 20 | A                                                                                   | B                                                                                   | C                                                                                   |  | E |
| 21 | A                                                                                   |  | C                                                                                   | D                                                                                   | F |

|    |   |   |   |   |   |
|----|---|---|---|---|---|
| 22 | A | B | C | D | E |
| 23 | A | B | C | D | E |
| 24 | A | B | C | D | E |
| 25 | A | B | C | D | E |
| 26 | A | B | C | D | E |
| 27 | A | B | C | D | E |
| 28 | A | B | C | D | E |
| 29 | A | B | C | D | E |
| 30 | A | B | C | D | E |
| 31 | A | B | C | D | E |
| 32 | A | B | C | D | E |
| 33 | A | B | C | D | E |
| 34 | A | B | C | D | E |



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: ☐ 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.

| STUDENT I.D. |   |   |   |   |   |
|--------------|---|---|---|---|---|
| 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   | B | D | E |   |
| 4   | B   | C | D | E |   |
| 5   | A   | B | D | E |   |
| 6   | A   | B | C | D | E |
| 7   | B   | C | D | E |   |
| 8   | A   | B | D | E |   |
| 9   | B   | C | D | E |   |
| 10  | A   | B | D | E |   |
| 11  | A   | B | C | D | E |
| 12  | A   | B | C | D | E |
| 13  | A   | B | C | D | E |
| 14  | B   | C | D | E |   |
| 15  | A   | B | D | E |   |
| 16  | A   | B | C | D | E |
| 17  | B   | C | D | E |   |
| 18  | B   | C | D | E |   |
| 19  | A   | B | D | E |   |
| 20  | B   | C | D | E |   |
| 21  | A   | B | 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 | D | E |   |
| 28  | A   | B | C | D | E |
| 29  | A   | B | C | D | E |
| 30  | A   | B | C | D | E |
| 31  | B   | C | D | E |   |
| 32  | B   | C | D | E |   |
| 33  | A   | B | D | E |   |
| 34  | A   | B | D | E |   |
| 35  | A   | B | D | E |   |
| 36  | A   | B | D | E |   |
| 37  | A   | B | C | D | E |
| 38  | A   | B | C | D | E |
| 39  | A   | B | C | D | E |
| 40  | A   | B | D | E |   |
| 41  | A   | B | C | D | E |
| 42  | B   | C | D | E |   |
| 43  | A   | B | C | D | E |
| 44  | B   | C | D | E |   |
| 45  | B   | C | D | E |   |
| 46  | B   | C | D | E |   |
| 47  | B   | C | D | E |   |
| 48  | B   | C | D | E |   |
| 49  | A   | B | C | D | E |
| 50  | A   | B | C | D | E |

NAME Diana J. Min  
 SUBJECT NA  
 DATE 01/19/12  
 PERIOD \_\_\_\_\_  
 Apperson  
 REORDER #27800 1022 A1803 U.S. Patent No. 6,695,216 03/24  
 www.apperson.com 800.527.9219

Score

83/83

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

Score

32/32.0%

Rescore