



ALGEBRA I

Wednesday, June 19, 2019 — 1:15 to 4:15 p.m., only

ANSWER SHEET

Student _____ Grade _____
If the student's name is NOT pre-printed, write it on the line above AND write the local STUDENT ID in the box at the lower left.

Teacher _____ District _____
Course _____ School _____
Section _____

Use blue or black ink. Make no stray marks.
Shade circles completely as shown here: ○ ● ○ ○
To change an answer, cross out first choice and fill in new choice: ○ ✕ ○ ●

Part I

Your answers to Part I must be recorded on this answer sheet.
Answer all 24 questions in this part.

1.	①	②	③	④	9.	①	②	③	④	17.	①	②	③	④
2.	①	②	③	④	10.	①	②	③	④	18.	①	②	③	④
3.	①	②	③	④	11.	①	②	③	④	19.	①	②	③	④
4.	①	②	③	④	12.	①	②	③	④	20.	①	②	③	④
5.	①	②	③	④	13.	①	②	③	④	21.	①	②	③	④
6.	①	②	③	④	14.	①	②	③	④	22.	①	②	③	④
7.	①	②	③	④	15.	①	②	③	④	23.	①	②	③	④
8.	①	②	③	④	16.	①	②	③	④	24.	①	②	③	④

Part I Score

Write your answers to Parts II, III, and IV in the test booklet.

The declaration below must be signed when you have completed the examination.

I do hereby affirm, at the close of this examination, that I had no unlawful knowledge of the questions or answers prior to the examination and that I have neither given nor received assistance in answering any of the questions during the examination.

Signature

Local Student ID

If the student's name is not pre-printed on the line at the top, write it on the line AND write the local STUDENT ID in the box below.

Do not write on bar codes





63619

ALGEBRA I

Wednesday, June 19, 2019 — 1:15 to 4:15 p.m., only

FOR TEACHER USE ONLYIf information is NOT pre-printed below, fill out these lines.
Include the local student ID used for state reporting.

Student _____

Local Student ID _____

School _____

IEP or 504 Plan Accommodations

(Fill in as many as apply.)

- Flexibility in scheduling/timing
(Excluding Multiple day testing)
- Flexibility in setting
- Method of presentation
(Excluding Braille, Large type, and Test read)
- Method of response
- Use of spell-checking device/software
- Other
- Multiple day testing
- Braille
- Large type
- Test read

ELL/MLL Accommodations

(Fill in as many as apply.)

- Time extension
- Separate location
- Bilingual dictionary/glossary
- Translated edition
- Oral translation
- Responses written in native language
- Next day completion

Alternate Language

- Chinese
- Haitian Creole
- Korean
- Russian
- Spanish

Raters: To bubble credits earned, use blue or black ink.**Do not use red ink.**

Shade circles completely as shown. Correct: ● Incorrect: ⊗ ⊙ ⊖

Question	Maximum Credit	Credits Earned	Raters'/Scorers' Code Letters
Part I 1-24	48	Total - Part I <input type="text"/>	
Part II 25	2	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
26	2	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
27	2	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
28	2	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
29	2	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
30	2	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
31	2	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
32	2	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	
		Total - Part II <input type="text"/>	
Part III 33	4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
34	4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
35	4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
36	4	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
		Total - Part III <input type="text"/>	
Part IV 37	6	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
		Total - Part IV <input type="text"/>	
Maximum Total	86	Total Raw Score <input type="text"/>	
		Scale Score (from conversion chart) <input type="text"/>	

PRINT Raters'/Scorers' Names
(minimum of three)

A
B
C
D
E
F
G
H
I
J

63619

