

Print Student Name _____



Science

GRADE

HS

**PRACTICE TEST
ANSWER DOCUMENT**



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Session 1

Science



CORRECT MARK ○ ● ○ ○

INCORRECT MARKS √ ⊗ ⊖ ⊖

- 1 (A) (B) (C) (D)
- 2 (A) (B) (C) (D)
- 3 (A) (B) (C) (D)

GO ON ►

Your answer and work must fit inside this box.

4



GO ON ►

Your answer and work must fit inside this box.

5

- 6 (A) (B) (C) (D)
- 7 (A) (B) (C) (D)
- 8 (A) (B) (C) (D)
- 9 (A) (B) (C) (D)
- 10 (A) (B) (C) (D)

GO ON ►

Your answer and work must fit inside this box.

11

A large empty rectangular box for writing the answer and work.

GO ON ►

Your answer and work must fit inside this box.

12

- 13 (A) (B) (C) (D)
- 14 (A) (B) (C) (D)
- 15 (A) (B) (C) (D)

GO ON ►

Your answer and work must fit inside this box.

16

GO ON ►

Your answer and work must fit inside this box.

17

A large empty rectangular box for writing the answer and work.

GO ON ►

- 18 (A) (B) (C) (D)
- 19 (A) (B) (C) (D)
- 20 (A) (B) (C) (D)
- 21 (A) (B) (C) (D)

Your answer and work must fit inside this box.

22

Your answer and work must fit inside this box.

23

THIS IS THE END OF THIS SESSION.



**DO NOT
WRITE
ON THIS
PAGE**

Section 1: TESTING: If student did not test all sessions, mark the appropriate Test Completion Status in Box G. Bubble accommodations used in Box H and Box I. Bubbling Box J will void the entire answer document. **Caution:** Filling in the bubble in Box J will result in all of the answer document not being scored. Bubble Box K if this student's Parent Report should be in Spanish.

G TEST COMPLETION STATUS (Mark one bubble for each content)	
SC	<input type="radio"/>
Withdrew Before Test Completion	<input type="radio"/> 1
Non-Allowed Modification	<input type="radio"/> 2
Language Exempt for Reading Only	<input type="radio"/>
Medical Emergency	<input type="radio"/> 4
Parental Refusal	<input type="radio"/> 5
Other Non-Completion	<input type="radio"/> 6
Test Irregularities	<input type="radio"/> 7
Absent	<input type="radio"/> 8

H ELL ACCOMMODATIONS	
SC	<input type="radio"/>
20	<input type="radio"/>
21	<input type="radio"/>
22	<input type="radio"/>
23	<input type="radio"/>
24	<input type="radio"/>
25	<input type="radio"/>
26	<input type="radio"/>
27	<input type="radio"/>
28	<input type="radio"/>

I SWD or 504 PLAN ACCOMMODATIONS	
SC	<input type="radio"/>
01	<input type="radio"/>
02	<input type="radio"/>
03	<input type="radio"/>
04	<input type="radio"/>
05	<input type="radio"/>
06	<input type="radio"/>
07	<input type="radio"/>
09	<input type="radio"/>
10	<input type="radio"/>
11	<input type="radio"/>
12	<input type="radio"/>
13	<input type="radio"/>
14	<input type="radio"/>
15	<input type="radio"/>

J VOID-DO NOT SCORE	
<input type="radio"/> Y	Void this answer document

K <input type="radio"/> Y SPANISH PARENT REPORT	
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Section 2: HOMESCHOOL EXEMPTION: Box L must be bubbled for any homeschool student that does NOT meet the following rule: "...is regularly enrolled in one-half or more of the minimum course requirements approved by the department for public school students..." Section 22-8-2(M)(2) NMAC. Note that homeschooled students are tested at the discretion of the district office.

L <input type="radio"/> Y HOMESCHOOLED FULL TIME	
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Section 3: BIE: (BIE schools only.) Box M must be bubbled for ALL BIE students. Bubble Box N for BIE students that are Not Full Academic Year.

M NASIS ID	
<input type="radio"/>	<input type="radio"/>
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

N NOT FULL ACADEMIC YEAR	
<input type="radio"/>	Not Full Academic Year School

For Internal Use Only	
A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
B	<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
C	<input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15
D	<input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
E	<input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25

Section 4: IDENTIFICATION: Bubble Boxes A–F if this student’s Pre-ID label is invalid. (See TAM section “Rules for Completing Biogrids” for clarification.)

A LAST NAME														FIRST NAME														MI	B DISTRICT CODE			C SCHOOL CODE		
(Bubble grid for Last Name)														(Bubble grid for First Name)														(Bubble grid for MI)	(Bubble grid for District Code)			(Bubble grid for School Code)		
(Bubble grid for Last Name)														(Bubble grid for First Name)														(Bubble grid for MI)	(Bubble grid for District Code)			(Bubble grid for School Code)		

D BIRTH DATE			
MONTH	DAY	YEAR	
JAN <input type="radio"/>			
FEB <input type="radio"/>			
MAR <input type="radio"/>	0 0	0	0 0
APR <input type="radio"/>	1 1 1		1 1
MAY <input type="radio"/>	2 2 2		2 2
JUN <input type="radio"/>	3 3		3 3
JUL <input type="radio"/>	4		4 4
AUG <input type="radio"/>	5		5 5
SEP <input type="radio"/>	6		6 6
OCT <input type="radio"/>	7		7 7
NOV <input type="radio"/>	8		8 8
DEC <input type="radio"/>	9	9	9 9

E STATE STUDENT ID									
(Bubble grid for State Student ID)									
(Bubble grid for State Student ID)									

F GENDER	
<input type="radio"/> Male	<input type="radio"/> Female

Science SBA Practice Test

Grade HS