PRACTICE TEST
STUDENT ANSWER BOOKLET

GRADE 3
READING

STUDENT NAME: _____

SCHOOL NAME: _____

DISTRICT NAME: _____

(PLEASE PRINT)

STUDENT NAME

LAST NAME | **FIRST NAME** | **MI**

STATE ASSIGNED STUDENT ID

GENDER

○ Female ○ Male

BIRTH DATE

Month		Day		Year			
JAN	1						
FEB	2						
MAR	3	0	0		0	0	0
APR	4	1	1	1	1	1	1
MAY	5	2	2		2	2	2
JUN	6	3	3		3	3	3
JUL	7		4		4	4	4
AUG	8		5		5	5	5
SEP	9		6		6	6	6
OCT	10		7		7	7	7
NOV	11		8		8	8	8
DEC	12		9		9	9	9