Department of Education

Student Name _____

OHIO GRADUATION TESTS

Reading

Practice Test for Ninth Graders

Answer Document

September 2004

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1. Ⓐ Ⓑ Ⓒ Ⓓ

2. Ⓐ Ⓑ Ⓒ Ⓓ

3. Ⓐ Ⓑ Ⓒ Ⓓ

4. Ⓐ Ⓑ Ⓒ Ⓓ

5. Write your response to question 5 in the space below.

6. Ⓐ Ⓑ Ⓒ Ⓓ

7. Ⓐ Ⓑ Ⓒ Ⓓ

8. Write your response to question 8 in the space below.

9. Ⓐ Ⓑ Ⓒ Ⓓ

10. Ⓐ Ⓑ Ⓒ Ⓓ

11. Ⓐ Ⓑ Ⓒ Ⓓ

12. Ⓐ Ⓑ Ⓒ Ⓓ

13. Ⓐ Ⓑ Ⓒ Ⓓ

14. Ⓐ Ⓑ Ⓒ Ⓓ

15. Write your response to question 15 in the space below.

16. Ⓐ Ⓑ Ⓒ Ⓓ

17. Ⓐ Ⓑ Ⓒ Ⓓ

18. Ⓐ Ⓑ Ⓒ Ⓓ

19. Ⓐ Ⓑ Ⓒ Ⓓ

20. Ⓐ Ⓑ Ⓒ Ⓓ

21. Ⓐ Ⓑ Ⓒ Ⓓ

22. Ⓐ Ⓑ Ⓒ Ⓓ

23. Ⓐ Ⓑ Ⓒ Ⓓ

24. Ⓐ Ⓑ Ⓒ Ⓓ

25. Ⓐ Ⓑ Ⓒ Ⓓ

26. Write your response to question 26 in the space below.

27. Ⓐ Ⓑ Ⓒ Ⓓ

28. Ⓐ Ⓑ Ⓒ Ⓓ

29. Write your response to question 29 in the space below.

30. Ⓐ Ⓑ Ⓒ Ⓓ

31. Ⓐ Ⓑ Ⓒ Ⓓ

32. Ⓐ Ⓑ Ⓒ Ⓓ

33. Write your response to question 33 in the space below.

34. Ⓐ Ⓑ Ⓒ Ⓓ

35. Ⓐ Ⓑ Ⓒ Ⓓ

36. Ⓐ Ⓑ Ⓒ Ⓓ

37. Write your response to question 37 in the space below.

38. Ⓐ Ⓑ Ⓒ Ⓓ

A

Student Name _____

Teacher Name _____

School Name _____

District Name _____

B GENDER

Female ◯

Male ◯

C DATE OF BIRTH

MONTH	DAY		YEAR		
◯ Jan					
◯ Feb					
◯ Mar	⓪	⓪			⓪
◯ Apr	①	①			①
◯ May	②	②			②
◯ Jun	③	③			③
◯ Jul		④			④
◯ Aug		⑤			⑤
◯ Sep		⑥			⑥
◯ Oct		⑦			⑦
◯ Nov		⑧		⑧	⑧
◯ Dec		⑨			⑨

D ETHNICITY

◯ American Indian

◯ Asian/Pacific Islander

◯ Black/African American

◯ Hispanic

◯ White

◯ Multi-racial

◯ Other