Student Name _____

OHIO GRADUATION TESTS

Writing

Practice Test

Answer Document

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1. Write your response to question 1 in the space below (pages 1 to 4).

Writing

Writing

2. Ⓐ Ⓑ Ⓒ Ⓓ

3. Ⓐ Ⓑ Ⓒ Ⓓ

4. Ⓐ Ⓑ Ⓒ Ⓓ

5. Ⓐ Ⓑ Ⓒ Ⓓ

6. Ⓐ Ⓑ Ⓒ Ⓓ

7. Write your response to question 7 in the space below.

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		9

D ETHNICITY

◯ American Indian

◯ Asian/Pacific Islander

◯ Black/African American

◯ Hispanic

◯ White

◯ Multi-racial

◯ Other