



Student Name \_\_\_\_\_

# OHIO GRADUATION TESTS



## Writing Practice Test

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## Answer Document













<b>A</b>	Student Name _____
	Teacher Name _____
	School Name _____
	District Name _____

<b>B</b>	GENDER
	Female <input type="radio"/>
	Male <input type="radio"/>

<b>C</b>	DATE OF BIRTH		
	MONTH	DAY	YEAR
<input type="radio"/>	Jan		
<input type="radio"/>	Feb		
<input type="radio"/>	Mar	<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/>	Apr	<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/>	May	<input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/>	Jun	<input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/>	Jul	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/>	Aug	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/>	Sep	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/>	Oct	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/>	Nov	<input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/>	Dec	<input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9

<b>D</b>	ETHNICITY
<input type="radio"/>	American Indian
<input type="radio"/>	Asian/Pacific Islander
<input type="radio"/>	Black/African American
<input type="radio"/>	Hispanic
<input type="radio"/>	White
<input type="radio"/>	Multi-racial
<input type="radio"/>	Other