

Sample Completed Answer Booklet Front Cover When Student ID Label Is Used

Biology

MASSACHUSETTS COMPREHENSIVE
ASSESSMENT SYSTEM
Spring 2024 Test & Answer Booklet

High School

Session 1

(PLEASE PRINT)

Test Administrator's Name: _____

School Name: Sample School

District Name: Sample District

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt-tip pens.
- Make solid marks that fill the circles completely.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.
- Do not fold, tear, or damage this form.

STUDENT NAME GRID

LAST NAME										FIRST NAME										M	
W	A	R	D							J	O	H	N							D	
○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

BIRTHDATE		
MONTH	DAY	YEAR
JAN	(1)	
FEB	(2)	
MAR	(3)	(0)(0)(0)
APR	(4)	(1)(1)(1)
MAY	(5)	(2)(2)(2)
JUN	(6)	(3)(3)(3)
JUL	(7)	(4)(4)(4)
AUG	(8)	(5)(5)(5)
SEP	(9)	(6)(6)(6)
OCT	(10)	(7)(7)(7)
NOV	(11)	(8)(8)(8)
DEC	(12)	(9)(9)(9)

STATE-ASSIGNED STUDENT IDENTIFIER (SASID)									
1	0								
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PR-SPG-24

Notes: 1. This MCAS test & answer booklet is secure. It may **not** be duplicated in any way. **This test & answer booklet must be returned as directed.**
 2. Results may not be reported correctly if a valid SASID is not provided.

WARD, JOHN D	10001000	DOB: 08/21/07
1012345678		



Sample Completed Answer Booklet Front Cover When Student ID Label Is NOT Used

Biology

MASSACHUSETTS COMPREHENSIVE
ASSESSMENT SYSTEM
Spring 2024 Test & Answer Booklet

High School

Session 1

(PLEASE PRINT)

Test Administrator's Name: _____

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District Name: Sample District

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STUDENT NAME GRID

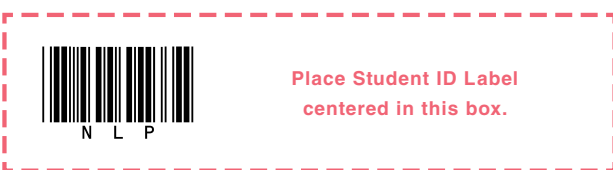
LAST NAME													FIRST NAME													M
W	A	R	D										J	O	H	N									D	
○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	
A	●	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	●	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	●	
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	
H	H	H	H	H	H	H	H	H	H	H	H	H	H	●	H	H	H	H	H	H	H	H	H	H	H	
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
J	J	J	J	J	J	J	J	J	J	J	J	J	●	J	J	J	J	J	J	J	J	J	J	J	J	
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	●	N	N	N	N	N	N	N	N	N	N	
O	O	O	O	O	O	O	O	O	O	O	O	O	●	O	O	O	O	O	O	O	O	O	O	O	O	
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
R	R	●	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	

BIRTHDATE		
MONTH	DAY	YEAR
JAN	①	
FEB	②	2 1 2 0 0 7
MAR	③	0 0 ● ● 0
APR	④	1 ● 1 1 1
MAY	⑤	● 2 ● 2 2
JUN	⑥	3 3 3 3
JUL	⑦	4 4 4 4
AUG	●	5 5 5 5
SEP	⑨	6 6 6 6
OCT	⑩	7 7 ● 7
NOV	⑪	8 8 8 8
DEC	⑫	9 9 9 9

STATE-ASSIGNED STUDENT IDENTIFIER (SASID)									
1	0	1	2	3	4	5	6	7	8
●	●	●	0	0	0	0	0	0	0
●	1	1	1	1	1	1	1	1	1
2	2	●	2	2	2	2	2	2	2
3	3	3	●	3	3	3	3	3	3
4	4	4	4	●	4	4	4	4	4
5	5	5	5	5	●	5	5	5	5
6	6	6	6	6	6	●	6	6	6
7	7	7	7	7	7	7	●	7	7
8	8	8	8	8	8	8	8	●	8
9	9	9	9	9	9	9	9	9	9

PR-SPG-24

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 2. Results may not be reported correctly if a valid SASID is not provided.



Answer Booklet Inside Back Cover

TO BE COMPLETED BY PRINCIPAL OR DESIGNEE

Refer to the *Principal's Administration Manual* for instructions on completing these sections on the inside and outside back covers of the test & answer booklet.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

This student with a disability has an IEP or 504 plan (or a 504 plan is being developed) and was provided with the accommodations indicated below to complete the Biology test.

- Large-print (Accommodation A2)
- Braille (Accommodation A3.2)
- Typed Response (Accommodation A12)

Please refer to the *Principal's Administration Manual* for instructions on the return of materials for students with disabilities using the large-print, Braille, or typed response accommodation.

IMPORTANT: Schools must identify selected accommodations for each student in the student's Personal Needs Profile (PNP) in PearsonAccess^{next} (PAN). If accommodations were not uploaded in the PNP or were uploaded incorrectly, schools must correct the data in PAN.

The Department reserves the right to invalidate results for students who use accommodations that are not documented in their IEPs or 504 plans.

Answer Booklet Outside Back Cover

TO BE COMPLETED BY PRINCIPAL OR DESIGNEE

Refer to the *Principal's Administration Manual* for instructions on completing these sections on the inside and outside back covers of the test & answer booklet.

ABSENCE

- This student was absent **with medical documentation** for **one or both** test sessions (documentation on file at the school).

Note: There is no need to also indicate the student's medically documented absence in PearsonAccess^{next}.

Other Absences

A student will be reported as absent if there are no responses in one or both test sessions.

If the student responded to any questions in this booklet, submit the booklet with other test & answer booklets in the return shipment. Results will be reported for test questions the student responded to.

If the student did not respond to any test questions in this booklet, but the booklet has been assigned (using a Student ID Label or by filling in the student's information on the front cover), do **not** return it with other test & answer booklets in the Return Envelope. Instead, mark the booklet as void by filling in the circle below in the "VOID TEST & ANSWER BOOKLET" section, write VOID in large letters across the front cover, and place the booklet in the Void Envelope in the return shipment.

CHANGE OF ENROLLMENT STATUS

Removed from Enrollment

- This student participated in **one but not both** test sessions because the student transferred **out of the school** during the testing window.

NOTE: Do not submit an assigned MCAS test & answer booklet for a student who transferred out of the school during the testing window and did not participate **in any test sessions**.

Added to Enrollment

- This student participated in **one but not both** test sessions because the student transferred **into the school** during the testing window.

NOTE: Do not submit an assigned MCAS test & answer booklet for a student who transferred into the school during the testing window and did not participate **in any test sessions**.

VOID TEST & ANSWER BOOKLET

- This is a **VOID** booklet and **WILL NOT** be scored. No student results will be reported from this booklet.

PR-SPG-24

DESE Use ONLY	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

desè MASSACHUSETTS
Department of Elementary
and Secondary Education



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