

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

# ELA

**MASSACHUSETTS COMPREHENSIVE  
ASSESSMENT SYSTEM**  
Spring 2026 Test & Answer Booklet

# Grade 5

TEST ADMINISTRATOR'S NAME(S): (PLEASE PRINT)

Session 1: \_\_\_\_\_

Session 2: \_\_\_\_\_

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												MI
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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		
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	
MAR	3	0 0
APR	4	1 1
MAY	5	2 2
JUN	6	3 3
JUL	7	4 4
AUG	8	5 5
SEP	9	6 6
OCT	10	7 7
NOV	11	8 8
DEC	12	9 9

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

PR-SPG-26

**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.

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1012345678		



