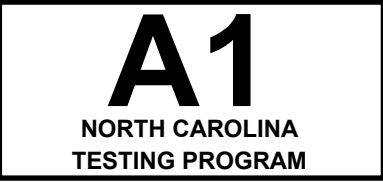


School Name

Teacher Name



NC Check-In 1

2018–19 Grade 4 ELA/Reading

TO BE COMPLETED BY THE TEST ADMINISTRATOR OR PRINCIPAL'S DESIGNEE AFTER TESTING

1. Mark any of the following that apply to this student.

Student Identified Only Under Section 504 Student Identified with a Transitory Impairment

2. Which, if any, of the following accommodations were provided to this student during this test administration? (Mark all that apply.)

<input type="radio"/> Braille Edition	<input type="radio"/> Magnification Devices	<input type="radio"/> Student Reads Test Aloud to Self
<input type="radio"/> Large Print Edition	<input type="radio"/> Testing in a Separate Room	<input type="radio"/> Student Marks Answers in Test Book
<input type="radio"/> Assistive Tech. Devices	<input type="radio"/> Scheduled Extended Time	<input type="radio"/> Word-to-Word Bilingual (English/Native Language)
<input type="radio"/> Cranmer Abacus	<input type="radio"/> One Test Item Per Page Edition	<input type="radio"/> Dictionary/Electronic Translator
<input type="radio"/> Dictation to a Scribe	<input type="radio"/> Multiple Testing Sessions	<input type="radio"/> Braille Writer/Slate & Stylus (Braille Paper)
		<input type="radio"/> Special NCDPI-Approved Accommodation

Student Date of Birth		
Month	Day	Year
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PowerSchool Student Number									
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

Student's Last Name										First Name										
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
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
.	

ABSENT FROM MAKEUP

BEGIN TEST HERE

1 (A B C D)	13 (A B C D)
2 (A B C D)	14 (A B C D)
3 (A B C D)	15 (A B C D)
4 (A B C D)	16 (A B C D)
5 (A B C D)	17 (A B C D)
6 (A B C D)	18 (A B C D)
7 (A B C D)	19 (A B C D)
8 (A B C D)	20 (A B C D)
9 (A B C D)	21 (A B C D)
10 (A B C D)	22 (A B C D)
11 (A B C D)	23 (A B C D)
12 (A B C D)	24 (A B C D)

SPECIAL CODES					
A	B	C	D	E	F
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
G	H	I	J	K	L
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Serial #

DO NOT WRITE IN THIS SHADED AREA

NC Check-In 1
2018–19 Grade 4 ELA/Reading

DO NOT MARK ON THIS SIDE OF THE ANSWER SHEET.

SAMPLE



North Carolina Testing Program

Stock No.
XXXXX

SIDE 2