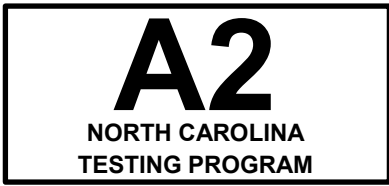


# NC Check-In 2 2018-19 Grade 6 Mathematics

School Name

Teacher Name



**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"/> Interpreter/Transliterator Signs/Cues Test
		<input type="radio"/> Test Read Aloud (in English)
		<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
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
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'

SPECIAL CODES					
A	B	C	D	E	F
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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

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

# NC Check-In 2

## 2018–19 Grade 6 Mathematics

ABSENT FROM MAKEUP

Calculator Inactive (Calculator Use NOT Allowed)



BEGIN TEST HERE

- ▶ 1 (A) (B) (C) (D)  
2 (A) (B) (C) (D)  
3 (A) (B) (C) (D)  
4 (A) (B) (C) (D)  
5 (A) (B) (C) (D)  
6 (A) (B) (C) (D)  
7 (A) (B) (C) (D)

8

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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

9

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0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
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4	4	4	4	4	4
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6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

10

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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

11

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0	0	0	0	0	0
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9	9	9	9	9	9

12

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0	0	0	0	0	0
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6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

13

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0	0	0	0	0	0
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7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

14

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.	.	.	.	.	
0	0	0	0	0	0
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7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

15

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0	0	0	0	0	0
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2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
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6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

16

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.	.	.	.	.	
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

Calculator Active (Calculator Use Allowed)



17

-	/	/	/	/	
.	.	.	.	.	
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

18

-	/	/	/	/	
.	.	.	.	.	
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

19

-	/	/	/	/	
.	.	.	.	.	
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

- 20 (A) (B) (C) (D)  
21 (A) (B) (C) (D)  
22 (A) (B) (C) (D)  
23 (A) (B) (C) (D)  
24 (A) (B) (C) (D)  
25 (A) (B) (C) (D)



North Carolina Testing Program

Stock No.  
XXXXX

SIDE 2