

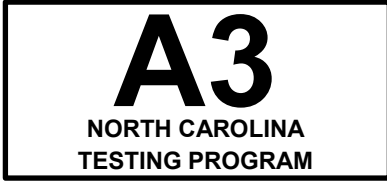
School Name

Teacher Name

NC Check-In 3 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.)
- Braille Edition
 - Large Print Edition
 - Assistive Tech. Devices
 - Cranmer Abacus
 - Dictation to a Scribe
 - Magnification Devices
 - Testing in a Separate Room
 - Scheduled Extended Time
 - One Test Item Per Page Edition
 - Multiple Testing Sessions
 - Student Reads Test Aloud to Self
 - Student Marks Answers in Test Book
 - Word-to-Word Bilingual (English/Native Language)
 - Dictionary/Electronic Translator
 - Braille Writer/Slate & Stylus (Braille Paper)
 - 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
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'

ABSENT FROM MAKEUP

BEGIN TEST HERE

1 (A) (B) (C) (D) 12 (A) (B) (C) (D)

2 (A) (B) (C) (D) 13 (A) (B) (C) (D)

3 (A) (B) (C) (D) 14 (A) (B) (C) (D)

4 (A) (B) (C) (D) 15 (A) (B) (C) (D)

5 (A) (B) (C) (D) 16 (A) (B) (C) (D)

6 (A) (B) (C) (D) 17 (A) (B) (C) (D)

7 (A) (B) (C) (D) 18 (A) (B) (C) (D)

8 (A) (B) (C) (D) 19 (A) (B) (C) (D)

9 (A) (B) (C) (D) 20 (A) (B) (C) (D)

10 (A) (B) (C) (D) 21 (A) (B) (C) (D)

11 (A) (B) (C) (D) 22 (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 3
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