

Teacher Name _____

NC Check-In 2
2021–22 Grade 7 Mathematics

☐ ABSENT FROM MAKEUP

A2

ANNUAL

TESTING PROGRAM

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.) <table border="0"> <tr> <td>☐ Braille Edition</td> <td>☐ Magnification Devices</td> <td>☐ Student Reads Test Aloud to Self</td> </tr> <tr> <td>☐ Large Print Edition</td> <td>☐ Testing in a Separate Room</td> <td>☐ Student Marks Answers in Test Book</td> </tr> <tr> <td>☐ Assistive Tech. Devices</td> <td>☐ Scheduled Extended Time</td> <td>☐ Word-to-Word Bilingual (English/Native Language)</td> </tr> <tr> <td>☐ Cranner Abacus</td> <td>☐ One Test Item Per Page Edition</td> <td>Dictionary/Electronic Translator</td> </tr> <tr> <td>☐ Dictation to a Scribe</td> <td>☐ Multiple Testing Sessions</td> <td>Interpreter/Translator Signs/Cues Test</td> </tr> <tr> <td></td> <td></td> <td>Test Read Aloud (in English)</td> </tr> <tr> <td></td> <td></td> <td>Braille Writer (Braille Paper)</td> </tr> <tr> <td></td> <td></td> <td>Electronic Braille Notetaker</td> </tr> <tr> <td></td> <td></td> <td>Slate and Stylus (Braille Paper)</td> </tr> <tr> <td></td> <td></td> <td>Special NCDPI-Approved Accommodation</td> </tr> </table>												☐ Braille Edition	☐ Magnification Devices	☐ Student Reads Test Aloud to Self	☐ Large Print Edition	☐ Testing in a Separate Room	☐ Student Marks Answers in Test Book	☐ Assistive Tech. Devices	☐ Scheduled Extended Time	☐ Word-to-Word Bilingual (English/Native Language)	☐ Cranner Abacus	☐ One Test Item Per Page Edition	Dictionary/Electronic Translator	☐ Dictation to a Scribe	☐ Multiple Testing Sessions	Interpreter/Translator Signs/Cues Test			Test Read Aloud (in English)			Braille Writer (Braille Paper)			Electronic Braille Notetaker			Slate and Stylus (Braille Paper)			Special NCDPI-Approved Accommodation
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First Name <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																									

Student's Last Name		First Name																									
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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[illegible]

SPECIAL CODES	A	B	C	D	E	F
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	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	
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2	2	2	2	2	2	
3	3	3	3	3	3	
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Serial #

DO NOT WRITE IN THIS SHADED AREA

Student Name _____

NC Check-In 2

2021–22 Grade 7 Mathematics

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

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6	6	6	6	6	6
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6

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Calculator Active (Calculator Use Allowed)



9

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11

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

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

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25 (A) (B) (C) (D)