School Name

Teacher Name

◯ ABSENT FROM MAKEUP

NC Check-In 2
2021–22 Grade 8 Reading

SIDE 1

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.)
   - ◯ 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 (Braille Paper)
   - ◯ Electronic Braille Notetaker
   - ◯ Slate and Stylus (Braille Paper)
   - ◯ Special NCDPI-Approved Accommodation

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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	Z	Z
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'

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

Sample

NC Check-In 2
2021–22 Grade 8 Reading

Student Name

_____

BEGIN TEST HERE

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

sample

North Carolina Department of
PUBLIC INSTRUCTION

Stock No.
XXXXX

SIDE 2