

School Name

Teacher Name

ABSENT FROM MAKEUP

A2

ANNUAL TESTING PROGRAM

NC Check-In 2 2021-22 Grade 7 Reading

SIDE 1

| PowerSchool Student Number | |
|----------------------------|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

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
- Crammer 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

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

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

Serial #

DO NOT WRITE IN THIS SHADED AREA

Student Name _____

NC Check-In 2

2021–22 Grade 7 Reading

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 (A) (B) (C) (D)
- 9 (A) (B) (C) (D)
- 10 (A) (B) (C) (D)
- 11 (A) (B) (C) (D)
- 12 (A) (B) (C) (D)
- 13 (A) (B) (C) (D)
- 14 (A) (B) (C) (D)
- 15 (A) (B) (C) (D)
- 16 (A) (B) (C) (D)
- 17 (A) (B) (C) (D)
- 18 (A) (B) (C) (D)
- 19 (A) (B) (C) (D)
- 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)