School Name

Teacher Name

◯ ABSENT FROM MAKEUP

NC Check-In 1
2020–21 Grade 8 Mathematics

SIDE 1

A1
NORTH CAROLINA 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
   - ◯ Interpreter/Transliterator Signs/Cues Test
   - ◯ Test Read Aloud (in English)
   - ◯ Braille Writer (Braille Paper)
   - ◯ Electronic Braille Notetaker
   - ◯ Slate and Stylus (Braille Paper)
   - ◯ Special NCDPI-Approved Accommodation

PowerSchool Student Number

SPECIAL CODES

Serial #

DO NOT WRITE IN THIS SHADED AREA

Student's Last Name | **First Name**

Sample

Student Name

_____

NC Check-In 1
2020–21 Grade 8 Mathematics

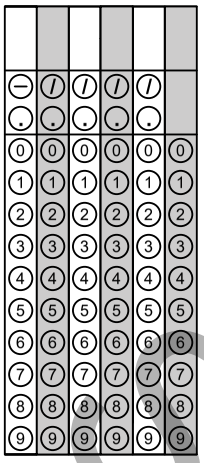
Calculator Inactive (Calculator Use NOT Allowed)

BEGIN TEST HERE

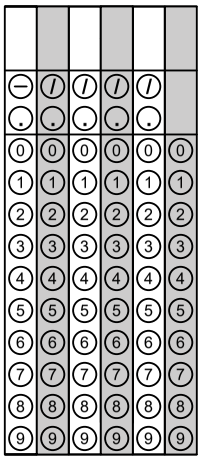
1 Ⓐ Ⓑ Ⓒ Ⓓ

2 Ⓐ Ⓑ Ⓒ Ⓓ

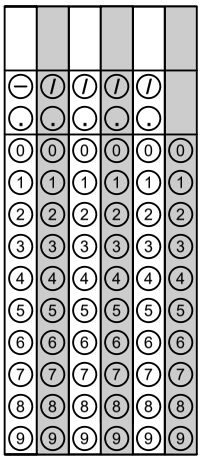
3



4



5



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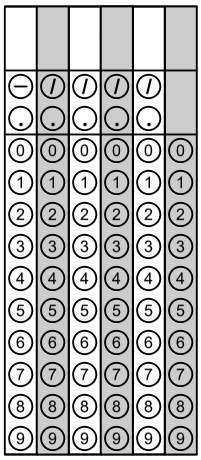
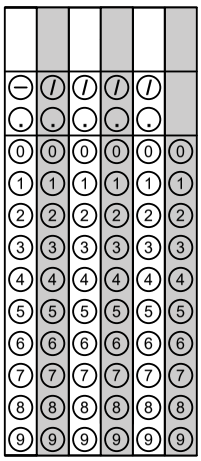


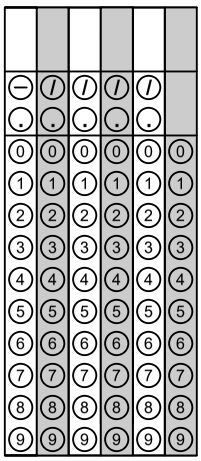
Sample

Calculator Active (Calculator Use Allowed)

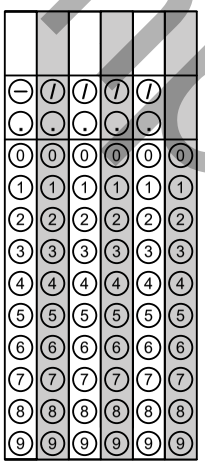
7



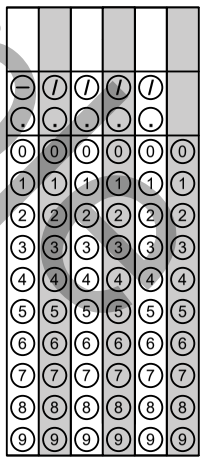
8



9



10



11 Ⓐ Ⓑ Ⓒ Ⓓ
12 Ⓐ Ⓑ Ⓒ Ⓓ
13 Ⓐ Ⓑ Ⓒ Ⓓ

14 Ⓐ Ⓑ Ⓒ Ⓓ
15 Ⓐ Ⓑ Ⓒ Ⓓ
16 Ⓐ Ⓑ Ⓒ Ⓓ

17 Ⓐ Ⓑ Ⓒ Ⓓ
18 Ⓐ Ⓑ Ⓒ Ⓓ
19 Ⓐ Ⓑ Ⓒ Ⓓ

20 Ⓐ Ⓑ Ⓒ Ⓓ
21 Ⓐ Ⓑ Ⓒ Ⓓ
22 Ⓐ Ⓑ Ⓒ Ⓓ

23 Ⓐ Ⓑ Ⓒ Ⓓ
24 Ⓐ Ⓑ Ⓒ Ⓓ
25 Ⓐ Ⓑ Ⓒ Ⓓ