

School Name

Teacher Name

# NC Check-In 3 2019–20 Grade 4 Reading

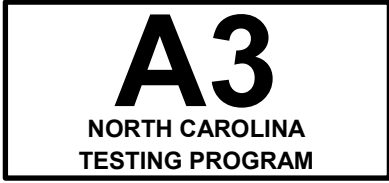
### TO BE COMPLETED BY THE TEST ADMINISTRATOR OR PRINCIPAL'S DESIGNEE AFTER TESTING

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



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