**NC Check-In 1**  
*2019–20 Grade 5 Reading*

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**Student's Last Name** | **First Name**
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**ABSENT FROM MAKEUP**

**BEGIN TEST HERE**

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
   - Cramner 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/Spanish Language)
   - Dictionary/Electronic Translator
   - Braille Writer/Slate & Stylus (Braille Paper)
   - Special NCDPI-Allowed Accommodation

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**Student Date of Birth**

- **Month**
- **Day**
- **Year**

**PowerSchool Student Number**

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**SPECIAL CODES**

- **A**
- **B**
- **C**
- **D**
- **E**
- **F**
- **G**
- **H**
- **I**
- **J**
- **K**
- **L**

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