

Request for Tests for Student Programs: Course Credit by Examination for Grades 9-12

Part 1 – COMPLETED BY SCHOOL

The shaded area below should be completed by the Guidance Counselor and submitted to the Department of **TEST ING** to request test materials.

Student: _____ Tentative Grade Placement: _____

School: _____ Test Date: _____

Seeking Credit for Grade(s): _____ Position: _____

Test Administrator: _____ Position: _____

Part II – COMPLETED BY DEPARTMENT OF TESTING

Tests of Achievement and Proficiency

Test Level: 15, 16, 17, 18 (*Circle One*)

Form: _____

Subject	Raw Score	Standard Score	Grade Level Percentiles			
			9	10	11	12
MATHEMATICS						
ALGEBRA						
GEOMETRY						
WRITTEN EXPRESSION (<i>ENGLISH</i>)						
SOCIAL STUDIES						
SCIENCE						
OTHER						

TO RECEIVE CREDIT, STUDENTS MUST MAKE A PERCENTILE OF 23 OR HIGHER ON EACH TEST TAKEN

Scored by: _____ Date _____
Director, Testing

PART III – RECOMMENDATIONS FOR STUDENT PLACEMENT (COMPLETED BY COUNSELOR)

Subject	Number of Credits Awarded	Comments
MATHEMATICS		
ALGEBRA		
GEOMETRY		
ENGLISH		
SOCIAL STUDIES		
SCIENCE		
OTHER		

Guidance Counselor's Signature _____ Principal's Signature _____ Date _____

ONCE A RECOMMENDATION HAS BEEN FINALIZED AND SIGNED OFF BY THE SCHOOL PRINCIPAL AND GUIDANCE COUNSELOR, PLEASE DISTRIBUTE COPIES AS INDICATED BELOW.

Copy Distribution: **White Copy**-Cumulative Folder **Yellow Copy**-Student Services **Pink Copy** -Testing