



Kennedale Independent School District

# Credit by Examination/Acceleration

(Grades K-12 without Prior Instruction)

## Student Registration Form

### PART A

*(To be completed by the parent/guardian or adult student and returned to your campus counselor.)*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_ Campus: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course/Grade to be Accelerated: \_\_\_\_\_

\_\_\_ I request that my child be permitted to take the Credit by Examination Screener for Grade Acceleration for Grades K-5 only. It is my understanding that my child must make a 90% on all parts of the CBE Screener for the CBE Grade Acceleration Exam to be ordered.

\_\_\_ I request that my child be permitted to take the Credit by Examination for Acceleration. It is my understanding that my child must make an 80% on all parts of the CBE for credit to be given and the grade/course to be accelerated. The mastery score will be documented on my child's official transcript.

\_\_\_ I understand that I am responsible for the CBE deposit. Once the student has taken the CBE/acceleration exam, the deposit will be mailed back to the parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete the information below in regards to the course(s) being requested for credit.*

Testing Window Requested	Course/Grade to be Accelerated

*Please note: A student may not take the grade acceleration CBE more than once for that particular grade. A student may take the CBE for course acceleration only once during each testing period but may not make more than two attempts altogether.*



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### PART B

*(To be completed by the student's counselor prior to testing date.)*

Credit by Examination/Grade Acceleration Screener Results (K-6 only):

**Score(s)**

<b>Screener Grade</b>	<b>ELAR</b>	<b>MATH</b> (Skills/Knowledge - Kinder only)	<b>SOC</b>	<b>SCI</b>

*Please initial if the student meets the following eligibility requirements for CBE/Acceleration:*

\_\_\_ I have confirmed that the student has taken and scored 90% above on the District's CBE Screener.

\_\_\_ I have confirmed that the student has not already attempted to accelerate the particular grade more than once and/or the student has not taken the course acceleration more than once in a specific testing window or more than twice altogether.

The student DOES or DOES NOT qualify for Credit by Examination/Acceleration.

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the student does not qualify for Credit by Examination/Acceleration, please explain:

\_\_\_\_\_  
\_\_\_\_\_

*If the student meets the requirements, please fill out the information below.*

<b>Window</b>	<b>Testing Date</b>	<b>Course(s) Requested</b>	<b>Part</b>		<b>Exam Deposit</b>
			<b>A</b>	<b>B</b>	



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### PART C

*(To be completed by the student's counselor/CBE coordinator after testing is complete.)*

Testing Date	Course(s)/Grade Tested	CBE Score(s) Part				Meets Grade Requirements to Receive Credit (80% on all parts)	
		1	2	3	4	YES	NO

*Please initial once the steps below have been completed:*

\_\_\_ I have reported the CBE results to the parent/guardian/adult student.

\_\_\_ I have or the appropriate staff member has updated the student's transcript/permanent record with the mastery score from the CBE for the following course(s)/grade: \_\_\_\_\_

\_\_\_ The student is able to accelerate the grade/course(s).

Counselor's/CBE Coordinator's Printed Name: \_\_\_\_\_

Counselor's/CBE Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please file all Credit by Examination/Acceleration information (application, testing results/scores) in the student's cumulative folder as well as send a copy to Dr. Stephanie Devlin, Director of Counseling Services.*