



Kennedale Independent School District

Credit by Examination
(Grades 6-12 with Prior Instruction)

Student Registration Form

PART A

(To be completed by the parent/guardian or adult student.)

Student's Name: _____ Date of Birth: _____

Student ID: _____ Campus: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

___ I request that my child be permitted to take the Credit by Examination for course credit recovery. It is my understanding that my child must make a 70% on all parts of the CBE for credit to be given. The mastery score will be documented on my child's official transcript but will not be used in the determination of any class ranks or his/her GPA.

___ I understand that I am responsible for the cost of each part of the CBE and payment must be made before the exam will be ordered.

Parent/Guardian Signature: _____ Date: _____

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

Testing Window Requested	Subject Requested for Credit Recovery

Please Note: A student may take the examination for course credit only once during each testing window but may not make more than two attempts to recover their credit.

Please return this form to your child's school counselor.

Kennedale ISD Department of Counseling
08/27/2019



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PART B

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

Please initial if the student meets the following eligibility requirements for CBE Credit Recovery:

___ I have confirmed that the student has received prior instruction in the course he/she is requesting credit and has not received credit due to a failing grade, excessive absences, and/or the course was taken at a non-accredited school.

___ I have confirmed that the student has not already attempted to recover the credit more than once in a specific testing window or more than twice altogether.

The student DOES or DOES NOT qualify for credit recovery through Credit by Examination.

Counselor's Signature: _____ Date: _____

If the student does not qualify for credit recovery, please explain: _____

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

Window	Testing Date	Course(s) Requested	Part		Exam Cost
			A	B	

Once payment has been made, a CBE informative packet will be sent to the parent/guardian or adult student with testing dates/times, locations, and exam reviews.



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PART C

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

Testing Date	Course(s) Tested	Score(s)		Meets Grade Requirements to Receive Credit (70% on all parts)	
		A	B	YES	NO
				YES	NO
				YES	NO
				YES	NO
				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): _____

Counselor's/CBE Coordinator's Printed Name: _____

Counselor's/CBE Coordinator's Signature: _____

Date: _____

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