## **TESTING OUT GUIDELINES & REQUEST FORM**

## **TESTOUT PROCEDURE AND DEADLINES**

- The intent of "testing out" is to provide exceptionally able students options beyond what they might have if required to take courses in which they have already mastered the material. Students may not take a test for a class they have already taken and failed.
- Teachers *will not* provide any instruction to prepare students for these tests. Each department will provide a syllabus so that students know what the test will cover and additional items (demonstrations, research papers, portfolios, etc.) that will be required as part of the comprehensive evaluation. The syllabus will include a list of reading materials and a copy of the curriculum.
- Study materials will also be available for student use, and students will be contacted by administration when they can pick up these materials. Students **must** return all school materials on the day of the test-out exam.
- Test out exams will be scored as soon as possible after the test date. Students and counselors will be notified by mail as soon as results are available.
- Students who pass the assessment will have their results recorded on their transcript and be promoted to the next course in the academic sequence (if applicable). Students should make an appointment to see a counselor to make a schedule change.
- The maximum number of tests a student may request each testing session is two.

## **Test-Out Request**

	Grade: _		
Parent/Guardian:		Counselor:	
Address:			
Test-out Dates (choose one	e): Semester 1:		<del> </del>
	Semester 2:		<del> </del>
I am requesting that my stu	udent be given an opportunity t	to test out if the following	course(s):
	out assessment for this course och papers, or other assessmen	•	
sequence, and that a passi toward graduation for cours responsibility to make arrar	he assessment(s), I will be pro- ing result will be indicated on r ses in which I have successful ngements for testing. This can cy and understand all requirem	my transcript. If credit is e ly tested out. I understan be done through the hig	earned, it will be applied nd that it is my
Student Signature	Parent/Guardiar	n Signature Da	te
Please return this completed form	to the High School Main Office		
	For Office Use		
Request received on	by		
Date		ninistrator	
Earned	e test-out assessment with the		dit Earned/No Credit
o Results have been reco			
o Student/Parent has bee			
Student has not passe o Student/Parent has bee	ed the test-out assessment. en notified by mail.		
Pro	octor's Signature	 Date	