

# Credit by Examination

## Student Interest Questionnaire

Complete the application by filling in all information requested. All applications must be signed and submitted by the grade level counselor or campus administrator to the Assessment & Compliance department on or before the application deadline.

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

<b>Part I</b>	
Student Last Name: _____	Student First Name: _____
Student ID (lunch #): _____	Current Grade Level: _____
Parent First Name: _____	Parent Last Name: _____
Parent Phone Number: _____	Parent Email: _____
Does the student receive accommodations for campus assessments?      _____ YES      _____ NO	

<b>Part II</b>																																											
<p><b>Math Acceleration</b></p> <p>1. Current (or most recently completed) level of Math _____</p> <p>2. Please select the grade level to be tested and the format.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;">Remote Proctoring</th> <th style="width: 15%; text-align: center;">Testing at School</th> </tr> </thead> <tbody> <tr><td>1st Grade Math</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>2nd Grade Math</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>3rd Grade Math</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>4th Grade Math</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>5th Grade Math</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>6th Grade Math</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Remote Proctoring	Testing at School	1st Grade Math	<input type="checkbox"/>	<input type="checkbox"/>	2nd Grade Math	<input type="checkbox"/>	<input type="checkbox"/>	3rd Grade Math	<input type="checkbox"/>	<input type="checkbox"/>	4th Grade Math	<input type="checkbox"/>	<input type="checkbox"/>	5th Grade Math	<input type="checkbox"/>	<input type="checkbox"/>	6th Grade Math	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Whole Grade Acceleration</b></p> <p>(Requires a passing score in each subject: Math, Social Studies, Science &amp; Language Arts. NOTE: If a student is not successful in all four subjects but is successful only in Math, acceleration in Math ONLY is allowed.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;">Remote Proctoring</th> <th style="width: 15%; text-align: center;">Testing at School</th> </tr> </thead> <tbody> <tr><td>1st Grade all Subjects</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>2nd Grade all Subjects</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>3rd Grade all Subjects</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>4th Grade all Subjects</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>5th Grade all Subjects</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>6th Grade all Subjects</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Remote Proctoring	Testing at School	1st Grade all Subjects	<input type="checkbox"/>	<input type="checkbox"/>	2nd Grade all Subjects	<input type="checkbox"/>	<input type="checkbox"/>	3rd Grade all Subjects	<input type="checkbox"/>	<input type="checkbox"/>	4th Grade all Subjects	<input type="checkbox"/>	<input type="checkbox"/>	5th Grade all Subjects	<input type="checkbox"/>	<input type="checkbox"/>	6th Grade all Subjects	<input type="checkbox"/>	<input type="checkbox"/>
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Parent Signature: _____	Date: _____																																										

<b>Part III (to be completed by the counselor)</b>	
<p>1. I certify that the student above has:</p> <p><input type="checkbox"/> Prior Instruction</p> <p><input type="checkbox"/> No Prior Instruction</p>	<p>2. Testing Session</p> <p><input type="checkbox"/> September 28 - October 9 (Applications due Sep. 4)</p> <p><input type="checkbox"/> February 22 - March 5 (Applications due January 29)</p> <p><input type="checkbox"/> June 7 - June 10 (Applications due May 7)</p> <p><input type="checkbox"/> July 12 - 15 (Applications due May 7)</p>
Counselor Signature: _____	