

**LCSS Test-Out Option Student Registration Form**

**Student :** \_\_\_\_\_

Last Name

First Name

**Milestone Assessment Name:** \_\_\_\_\_

(One EOC assessment per form)

In order to register for the Milestones EOC assessment test-out option, you must have made a final grade of B or higher in the most recent course that is the same content. Fill in all the information and obtain signatures in the order listed below. The completed form must be submitted to your School Test Coordinator (Assistant Principal) by May 1<sup>st</sup> of the current school year. Please note there is a \$50.00 deposit (check or money order only) for each test attempted. The deposit is due with this form. If you perform at the highest level on the EOC assessment (Distinguished), your deposit will be returned. EOC assessments for the purpose of the test-out option will occur during the June mid-month assessment window. *The completed form will be retained in the permanent folder.*

**1) Guidance Information**

This student has been informed of the impact of the test-out option. I have encouraged him/her to consider the likelihood for success in future courses and the impact on post-secondary plans. This student was enrolled in

\_\_\_\_\_ in \_\_\_\_\_

(Course title)

(School Year)

His/Her final average in the class was \_\_\_\_\_.

\_\_\_\_\_  
(Counselor Signature)

(Title)

(Date)

**2) Teacher Recommendation** (Must be most recent teacher of matching EOC assessment content. The teacher should initial beside the recommendation.)

Consider this student's overall performance in your class and the impact of testing out of the above course on his/her performance in subsequent courses. I recommend (\_\_\_\_\_ without reservation / \_\_\_\_\_ with reservation) that he/she consider exercising the test-out option for the Milestones EOC assessment indicated above.

\_\_\_\_\_  
(Teacher's signature)

(Date)

**3) Student Agreement and Understanding**

I have read, understand and agree to all the information and guidelines in the document LCSS Test Out Option Information and Guidelines and understand the test-out option and the possible effect on my class ranking, scholarship opportunities, and graduation plan. After discussion with my guidance counselor, teacher, and parents, I feel the test out option would be beneficial for me. I have never been enrolled in the course I am requesting for the test out option. Furthermore, I understand that if I do not score at the highest level of performance (Distinguished) via the test-out option, I will be required to take the course and the associated EOC assessment regardless of the score I make as a result of my test-out attempt.

\_\_\_\_\_  
(Student's signature)

(Date)

**4) Parent Permission**

I have read, understand and agree to all the information and guidelines in the document LCSS Test Out Option Information and Guidelines and understand the test-out option could potentially affect my son/daughter's class rank, scholarship opportunities, and graduation plan. I feel this option is beneficial to my son/daughter and give permission for my child to exercise this option for the EOC assessment indicated above.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_