



Proficiency Based Promotion Application

Proficiency testing is generally offered twice a year: once before the beginning of the year and once at the end of the year. To be considered for a proficiency promotion for a grade or course, please complete this application and return it to your counselor.

Student Name _____ Birthdate _____ Student ID # _____
School Site _____ Current Grade _____ School Year _____
Parent/Guardian _____ Contact Phone _____
Address _____ City _____ Zip _____

Grade/Course(s) in which the student wishes to demonstrate proficiency:

Grade ____ Course _____ Grade ____ Course _____
Grade ____ Course _____ Grade ____ Course _____
Grade ____ Course _____ Grade ____ Course _____

Briefly explain why you wish to demonstrate proficiency in this grade/course(s):

I have consulted with my student's school and understand that my student must score an 85% or higher to demonstrate proficiency.

Parent/Guardian Signature _____ Date _____

This form was completed by (if different than Parent/Guardian) _____

FOR SCHOOL USE ONLY

Counselor: Please complete the information below before sending for approval. All available data must be included for the student to be considered for testing.

Provide data for all applicable scores.

STAR Reading Score _____ STAR Math Score _____

State Reading Proficiency Level _____ State Math Proficiency Level _____

State Science Proficiency Level _____ PreACT Score _____

ACT Score _____

IEP/504 Accommodations _____

Site Approval: I have reviewed all student records and support the recommendation of this student for Proficiency Based Testing.

Site Signature _____ Date _____