



Kennedale Independent School District

Credit by Examination/Acceleration

(Grades K-12 without Prior Instruction)

Student Registration Form

PART A

(To be completed by the parent/guardian or adult student and returned to your campus counselor.)

Student's Name: _____ Date of Birth: _____

Student ID: _____ Campus: _____ Current Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Course/Grade to be Accelerated:

___ I request that my child be permitted to take the Credit by Examination Screener for Grade/Subject Acceleration. It is my understanding that my child must make a 90% on all parts of the CBE Screener for the CBE Grade/Subject Acceleration Exam to be ordered.

___ I request that my child be permitted to take the Credit by Examination for Acceleration. It is my understanding that my child must make an 80% on all parts of the CBE for credit to be given and the grade/course to be accelerated. The mastery score will be documented on my child's official transcript.

___ I understand that I am responsible for the CBE deposit. Once the student has taken the CBE/acceleration exam, the deposit will be mailed back to the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Testing Window Requested	Course/Grade to be Accelerated

Please note: A student may not take the grade acceleration CBE more than once for that particular grade. A student may take the CBE for course acceleration only once during each testing period but may not make more than two attempts altogether.



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PART B

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

Credit by Examination/Grade Acceleration Screener Results (K-6 only):

Score(s)

Screener Grade	ELAR	MATH (Skills/Knowledge - Kinder only)	SOC	SCI

Please initial if the student meets the following eligibility requirements for CBE/Acceleration:

___ I have confirmed that the student has taken and scored 90% above on the District's CBE Screener.

___ I have confirmed that the student has not already attempted to accelerate the particular grade more than once and/or the student has not taken the course acceleration more than once in a specific testing window or more than twice altogether.

The student DOES or DOES NOT qualify for Credit by Examination/Acceleration.

Counselor's Signature: _____ Date: _____

If the student does not qualify for Credit by Examination/Acceleration, please explain:

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

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



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PART C

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

Testing Date	Course(s)/Grade Tested	CBE Score(s) Part				Meets Grade Requirements to Receive Credit (80% on all parts)	
		1	2	3	4	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)/grade: _____

___ The student is able to accelerate the grade/course(s).

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

Counselor's/CBE Coordinator's Signature: _____

Date: _____

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