



## Proficiency Based Promotion Application

Proficiency testing is generally offered twice a year: once before the beginning of the year 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 \_\_\_\_\_ Birth date \_\_\_\_\_ Student ID # \_\_\_\_\_  
School Site \_\_\_\_\_ Current Grade \_\_\_\_\_ School Year \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Email \_\_\_\_\_

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 \_\_\_\_\_