



Credit by Examination (CBE) Without Prior Instruction

2027 Spring Administration

Registration Window

Friday, November 6 – Wednesday, November 18, 2026*

Testing Dates†	Exams Administered	Location
Monday, January 4, 2027	Grade level acceleration for students <u>enrolled in</u> Kindergarten-Grade 7 Round 1**	TBD
Monday, February 15, 2027	Grade level acceleration for students <u>enrolled in</u> Kindergarten-Grade 7 Round 2	
Monday, February 15, 2027***	Course acceleration for grades 5-12	

*To complete a child's registration for the Summer 1 CBE administration:

1. Parent completes the acknowledgement form on the [CCISD's Student Assessment CBE webpage](#) (look for Required Forms)
2. Parent consults with the child's counselor
3. Parent completes and signs the CBE request form
4. Parent provides the completed, signed CBE request form to the child's counselor during the registration window (November 6 – November 18)

Late registrations are not accepted.

**Grade level acceleration:

Students will be administered the English Language Arts and Social Studies CBE assessments on the first administration date (Round 1).

The Mathematics and Science CBE assessments will be administered on the second CBE administration date (Round 2) **only** if the passing standard is met on both the CBE English Language Arts and Social Studies assessments administered on the first CBE administration (Round 1).

*** Students in grade 5 may request the 6th grade Advanced Math Mastery CBE assessment during this administration.

†A \$30 fee per CBE assessment will be charged to skyward accounts for students who do not attend their scheduled CBE administration. Rescheduling/cancellations are not available after the registration window closes.



Request for Credit by Examination Without Prior Instruction Spring CBE Course Acceleration Administration

Parents complete this form and submit it to your child's school counselor during the registration window: **Friday, November 6, 2026, to Wednesday, November 18, 2026.**

Please complete a separate form for each course requested.

Student Information *(Type or Print)*

Student's Name: _____

Student's ID (including leading zeros): _____

Student's Date of Birth: _____

Student's Enrolled Campus: _____

Parent Information *(Type or Print)*

Parent Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City, State, and Zip Code: _____

Test information *(Type or Print)*

Course Acceleration (check one of the boxes below and enter the subject and grade level of the CBE assessment being requested in the line provided:

☐ Language _____

☐ Grades 6-8 Course _____

☐ High School Course _____

Administration Date: Monday, February 15, 2027

A \$30 fee per CBE assessment will be charged to skyward accounts for students who do not attend their scheduled CBE administration. Rescheduling/cancellations are not available after the registration window closes.

Counselor's Recommendation

(Check one)

☐ The student has met the District's criteria and is approved to participate in this CBE

☐ The student is not approved to participate in this CBE Administration.

Counselor's Signature: _____ Date: _____