Credit by Examination (CBE) Without Prior Instruction

2027 Summer 2 Administration
Registration Window
Friday, April 30 – Wednesday, May 12, 2027*

Testing Dates†	Exams Administered	Location
Wednesday, July 7, 2027	Grade level acceleration for students enrolled in Kindergarten-Grade 7 Round 1**	TBD
Wednesday, July 21, 2027	Grade level acceleration for students enrolled in Kindergarten-Grade 7 Round 2	
Wednesday, July 14 – Thursday, July 15, 2027	Course acceleration for grades 6-12	

*To complete a child's registration for the Summer 2 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 (April 30 – May 12)

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).

†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.

CLEAR CREEK
INDEPENDENT SCHOOL DISTRICT

Request for Credit by Examination Without Prior Instruction
Summer 2 CBE Course Acceleration Administration

Parents complete this form and submit it to their child's school counselor during the registration window: **April, 30, 2027, to Wednesday, May 12, 2027.**

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 Dates: Wednesday, July 14, 2027, and Thursday, July 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 Administration.
- ☐ The student is not approved to participate in this CBE Administration.

Counselor's Signature _____ Date _____