End of Course Assessment "Test Out" Checklist

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EOC Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order for a student to earn course credit by "testing out" prior to taking a course, they must meet the following requirements:

\_\_\_\_\_ 1. Student is NOT currently OR previously enrolled in the course.

\_\_\_\_\_ 2. EOCT/EOCs student has received “Test Out” credit from (circle all as applies):

9th Lit Amer Lit Coor Alg Geom Phys Sci Biology US Hist Econ

(A student may not earn more than 3 units of credit with the “Test Out” option)

\_\_\_\_\_ 3. Student has earned a grade of "B" or better in the content area course.

(The course must be in the same content area of the test being attempted.)

Name of prior course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Received: \_\_\_\_\_\_\_\_\_\_\_

Year/Semester Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ 4. Teacher recommendation received.

Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Content Area Taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates served as teacher for student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the MOST RECENT teacher for this content area: Yes No

\_\_\_\_\_ 5. Parent/Guardian permission received (if student is less than 18 years of age.)

\_\_\_\_\_ 6. Payment ($50) Received – make checks payable to: **Catoosa County Schools**

\_\_\_\_\_\_\_\_ **Approved.** All information has been received and eligibility requirements have been met.

\_\_\_\_\_\_\_\_ **Not Approved**. Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_