

Credit-by-Exam Procedures

For District-Approved Criterion-Referenced Tests

For students wishing to earn credit by examination, the following steps must be completed:

Step 1

- The student and parent review the district's CBE policies and procedures. Then, the student makes a request to his/her school counselor to attempt to earn course credit via examination.

Step 2

- The school counselor verifies that the student has not exceeded the allowable number of attempts (2) per content test and has the parent complete part one of the CBE Application.

Step 3

- Upon receipt of the signed CBE application, the school counselor completes part two of the application and the online CBE Request form. Then, the school counselor provides the student and parent with location(s), date(s), and time(s) for the exam administration.

Step 4

- The student takes the exam on the assigned date and time.

Step 5

- APT provides scores to the student's counselor within 10 working days.
- The school counselor completes part three of the CBE Application and contacts the student and parent regarding exam results.

Step 6

- The school counselor ensures that the CBE Application is placed in the student's cumulative folder and appropriate coding changes are made in the district's student information system.



Application for Credit-by-Examination

Part One: *To completed by the parent or guardian and returned to the student’s school counselor.*

Student’s First Name: _____

Student’s Middle Initial: _____

Student’s Last Name: _____

Student’s Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian’s Phone Number: (_____) _____ - _____

Parent/Guardian’s Email Address: _____

Student’s Local ID Number: _____

School Name: _____ Student’s Grade Level: _____

Course for Which CBE Will Be Attempted: _____

CBE Administration Date/Time _____

**By signing on the line below, I give my permission for Arlington ISD to test my child for possible credit via examination.*

Parent/Guardian’s Signature: _____

Parent/Guardian’s Printed Name: _____

Date: _____

Part Two: *To be completed by the school counselor prior to testing.*

CBE Administration - Date: _____ Time: _____

Part Three: *To be completed by the school counselor after testing has been completed.*

CBE Score: _____

Student met criteria for credit? Yes _____ No _____

I have explained the results of this test to the student/parent, and I have made any appropriate changes to the student's records in the student information system.

School Counselor Signature: _____

School Counselor Printed Name: _____

Date: _____

Note: *When testing has been completed and scores have been recorded, this form should be placed in the student's cumulative folder.*