



Proficiency Based Promotion Application

To be considered for a proficiency promotion,
complete the application and return it to your school counselor.

No Proficiency Based Promotion tests will be given during the school year without principal approval and sufficient evidence warranting testing.

Student Name _____ Birthdate _____ Student ID # _____

School Site _____ Current Grade _____ School Year _____

Parent/Guardian _____ Contact Phone _____

Address _____ City _____ Zip _____

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):

Parent/Guardian Signature _____ Date _____

This form was completed by (if different than Parent/Guardian) _____

FOR SCHOOL USE ONLY

Counselor: Complete the information below before sending to the principal for approval. The data must be included for the student to be considered for testing.

Provide data for all applicable scores.

STAR Reading Score _____ STAR Math Score _____

OSTP Reading Proficiency Level _____ OSTP Math Proficiency Level _____

OSTP Science Proficiency Level _____ PSAT Score _____

SAT Score _____

IEP/504 Accommodations _____

Principal Approval: I have reviewed all student records and support the recommendation of this student for Proficiency Based Testing.

Principal Signature _____ Date _____