

TEST OUT REQUEST FORM

2024-2025 Academic Year



DATE: _____

STUDENT NAME: _____ ID#: _____ GRADE IN 2024-25: _____

PARENT/GUARDIAN NAME AND CONTACT INFORMATION: _____

REASON(S) FOR PURSUING THIS PROGRAM (Check all that apply)

<input type="checkbox"/> Early Graduation <input type="checkbox"/> Credit/Course Advancement <input type="checkbox"/> Transfer from Another School	<input type="checkbox"/> Parenting Responsibility <input type="checkbox"/> Home Instruction <input type="checkbox"/> Health/Medical	<input type="checkbox"/> Other (Specify below)
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Plan is for (check one). Each category requires a completed proposal or request. All forms can be found on the district website.

- ☐ Create a Flex Plan for an existing Sylvania Schools course (Credit Flexibility Proposal)
- ☐ Create a Flex Plan for a new course (Credit Flexibility Proposal)
- ☐ Test out of a course (Test Out Request)
- ☐ Pursue a Sylvania Board Approved Educational Option (Educational Options Plan)

COURSE INFORMATION:

COURSE TITLE: _____

CORE SUBJECT AREA/FIELD (e.g. physical science, fine arts, English): _____

AMOUNT OF COURSE CREDIT: _____

The credit flexibility test out option provides students with an opportunity to earn high school credit through a demonstration of content mastery. It is suggested that any student requesting the test out option should discuss the option with their parent/guardian, counselor, and a content area teacher. Test out options may not be limited to one written exam but may include any of the following components: presentation, portfolio, assignment, composition, research paper, lab practical, etc. Test out options will be made available within 60 days from the student request. Parents will be responsible for costs associated with the test out option. Costs may include test preparation, test cost, grading of test and/or portfolio, presentation, time to monitor test, lab practical, etc.

Students requesting the test out option must complete the following form and submit the signed form to the assistant principal of teaching and learning by the listed deadlines:

- Requests for first semester of the next school year must be received by March 31st
- Requests for second semester must be received by September 30th

STUDENT CONTRACT:

Name: _____ Student ID: _____ Date: _____

Request for a test out option for the following subject: _____ Number of credits: _____

What prerequisite courses and/or other experiences have prepared you in the subject area?

List the standards/learning targets (Found in Ohio’s Learning Standards) for which you intend to demonstrate mastery.

Brief Description of the Criteria for Awarding Credit and/or Grades:

By signing this document, I am indicating:

- I accept responsibility for any additional costs associated with the test out option. An estimate will be provided prior to final acceptance.
- I am aware the subject and grade will be included on my official transcript.
- I am aware course credits earned through test out options may not meet the criteria for athletic scholarships.
- I am aware the test out option may result in the writing of a Credit Flex plan to complete the gaps shown in the assessment.

Student Signature *Date*

Parent Signature *Date*

***Per Ohio Department of Education and Workforce guidelines, credits earned through credit flexibility plan options, including the test-out option, are included on the official transcript in the same manner as traditionally-earned credits. Therefore, the results of all test-out options (subject and grade earned) will be included on the student’s official transcript.**