Broken Arrow Public Schools
Proficiency Based Promotion Application

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

Student _____ Birthdate _____ Student ID # _____

School _____ Current Grade _____ School Year _____

Parent/Guardian _____

Address _____ City _____ ZIP_____

Telephone (Cell/Home/Work) _____

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):

This form was completed by: _____

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY:

Counselor: Please complete the data below before giving to principal for approval. The data must be included for the student to be considered for testing.

K-8th Grade Applicable Scores; Please mark N/A for areas not tested.

STAR Reading Score: _____   STAR Math Score: _____
State Testing Reading Proficiency Level: _____ State Testing Math Proficiency Level: _____
State Testing Science Proficiency Level: _____

Principal: I have reviewed all student records including any available confidential test. I support and endorse the recommendation for Proficiency Based Testing.

Principal Signature: _____ Date: _____