JASPER COUNTY HIGH SCHOOL

14477 HWY 11 North   Monticello, GA 31064   Phone: 706-468-5016   Fax 706-468-5021

Principal	**Assistant Principal**	**Assistant Principal**	**Guidance Counselors**
Buddy Cain	**Alicia Moore**	**Jim Strength**	**Amy Cox**
			Jessica Sanders

Earning Credit through Demonstrated Competency—Recommendation Form

Student Name:_____

Course:_____

EOC Administration Date for Test-Out Option: _____

COUNSELOR RECOMMENDATION

As part of the advisement process, I have carefully considered whether this student would benefit from the opportunity to test out of this course. The likelihood for success on this EOC as well as in future courses that may require knowledge and skills that are inherent within the course has also been considered, as well as the student's post-secondary plans and needs. This student's advanced academic performance level and postsecondary plans provide evidence that attempting to test out of this course is in the best interest of this student.

Counselor's Signature: _____/ _____

School:_____

Date:_____

PARENT/GUARDIAN CONSENT

After reviewing the test-out information attached, please sign below and return this form with the $50 test fee (in the form of cash, or money order) to JCHS at least two (2) weeks before the EOC window to grant permission for your child to attempt the EOC "test out" option. By signing below, I am confirming that I have reviewed this document in its entirety, and I agree for my child to attempt the recommended EOC for the purpose of testing out of this course. I understand that if my child does not score at the "Exceeds Expectations" level on the EOCT, my student will not receive course credit, and the $50 test fee will be forwarded to the test vendor. If my student does score at the "Exceeds Expectations" level, the $50 test fee will be refunded in the form of a check to the designee listed below.

Parent/Guardian Name (print): _____

Parent/Guardian Signature:_____

Date: _____

If applicable, refund check should be made payable to:

Name: _____

Mailing Address: _____

_____