



**TESTING-OUT  
TEACHER RECOMMENDATION FORM**

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**EOC Course:** \_\_\_\_\_

\_\_\_\_\_ The student is not currently or previously enrolled in the course.

\_\_\_\_\_ The student has earned a grade of B or better in a content area course that is the same content area of the EOC course for which the student is requesting.

Course/Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Course/Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ The student has scored at the Distinguished Learner (Level 4) on the EOC and/or EOG or at the performance level of Exceeds on the CRCT and/or EOCT in the same content area of the EOC course for which the student is requesting.

Assessment: \_\_\_\_\_ Results: \_\_\_\_\_ Date: \_\_\_\_\_

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**Comments:** \_\_\_\_\_

\_\_\_\_\_

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Through careful consideration, I highly recommend this student be permitted the opportunity to receive course credit by demonstrating subject area competency through the EOC testing-out option.

\_\_\_\_\_  
**Signature/Name**

\_\_\_\_\_  
**Date**