

JOINT SCHOOL DISTRICT #2
TESTING CENTER
 1760 W. Pine St. Meridian, ID 83642
 208-887-6054 (FAX) 208-288-1093

REQUEST FOR COMPETENCY TESTING

Student Name: _____ School: _____

Counselor: _____ Date of Request: _____

Date student will take test(s): _____

Reminder: Student may receive a total of six (6) credits via competency testing. Only one (1) full-year or two (2) semester tests may be taken per testing session. Study guides are available on the district website. www.meridianschools.org ⇒ Parents ⇒ Assessment ⇒ Competency Testing

Course for Which Testing is Requested	Testing Date Requested	Test Grade	Signature of Coordinator/Testing Center

Additional Information: _____

To Be Completed by Testing Center:

Date Request Received at Testing Center _____

 Initials

Date of Testing _____

 Initials of Proctor

Date Results Sent to School Counselor _____

 Initials