TJHSST Precalculus Test Request/Verification Form

Please print.

Name ____________________________________________

Address __________________________________________

Home Phone ________________________________________

e-mail ____________________________________________

Current grade level ____________________________  Current Math Class __________________________

Please verify the following criteria in order to take the Precalculus placement test.

1. A’s in Algebra 1 and Geometry. Verification by guidance counselor upon review of transcript.

_____________________________________________________

2. An average of 97% or above in your current Algebra 2/Trig class. Verification by current teacher. (This will be checked at the end of the year. If anyone falls below a 97%, he/she will be notified and will not be allowed to take the exam.)

_____________________________________________________

3. On the back of this form, please write (1) a short explanation of why you want to place out of Precalculus, and (2) an explanation of how you have demonstrated that you have a strong interest in mathematics. This can include regular and successful participation in Math Team activities; successful participation in the American Mathematics Competitions; attendance at enrichment math activities such as summer camps (not summer school). It is very difficult and time-consuming to prepare for this exam. We find that if students don’t have a strong incentive for completion and a strong interest and ability in mathematics do not generally do well on the placement test.

By my signature below, I am indicating that I understand and will abide by the Placement Test policy:

- The placement test is given only once. It is scheduled for Monday, August 28 from 9 a.m. to noon. The test site is room 243.
- I will earn placement into BC Calculus if I achieve an 90% on the exam. I will not earn a Precalculus credit.

_____________________________________________________
Student Signature

_____________________________________________________
Parent/Guardian Signature

Date ____________________________________________

You must return your Test Request form no later than May 31.

Jerry Berry, TJHSST
6560 Braddock Rd.
Alexandria, VA  22312