**Credit by Demonstrated Mastery (CDM)**

***Student and Family Application***

**9/3/2014 - Application due to School CDM Counselor for Fall CDM Cycle**

**11/24/2014 - Application due to School CDM Counselor for Spring CDM Cycle**

***\*\*Attempts at CDM are required to be completed at least one semester prior to when the course typically would be scheduled for the student.***

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| **STUDENT INFORMATION** |
| **Name:** | **Birthdate:** |
| **School:** | **Grade Level:** | **Student ID:** |
| **Parent/Guardian Name:** | **Email:** | **Phone** |
| **Date of CDM Request:****Circle: Fall Spring**  |

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| **CREDIT BY DEMONSTRATED MASTERY APPLICATION** |
| **Instead of traditional course enrollment and seat-time, I am requesting the opportunity to earn Credit for Demonstrated Mastery (CDM) for the following:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (course name or subject).** |

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| **STUDENT/FAMILY AGREEMENT****Please review the following regarding the CDM process:** |
| * I understand this assessment will include a multi-phase assessment with Phase 1 and Phase 2.
* Phase 1 will include an examination to establish my mastery of the foundational skills and content this course/subject requires.
	+ I must earn the required minimum score on the appropriate assessment:
* Level V scale score on state EOC test, or
* 93% on state CTE post assessment, or
* 94% on local exam
	+ I have one attempt at the assessment.
	+ Prior to the assessment, I may review the content standards for the course or subject area that I am seeking to demonstrate mastery at [www.ncdpi.edu](http://www.ncdpi.edu)
	+ If I earn the appropriate score, I will move onto Phase 2. If not, I will not have the opportunity to earn CDM for this course.
* In Phase 2, I will create an artifact that reflects deep understanding of the content standards, including the ability to apply the skills and knowledge expected at the end of the course.
	+ The school may require a presentation, project, and/or interview as evidence of my abilities.
* The CDM Review Panel will make a recommendation if I can earn CDM. If I am successful, I will earn a “Pass” on my transcript toward graduation. No grade or quality points will be granted and the “Pass” will not be included in my GPA.
* I understand that I will meet with a CDM Panel member (s) to discuss the process and long-term implications.
* My parents and I will be allowed to request an appeal in writing within 10 calendar days of notification if we do not agree with the decision of the team.
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| **I understand all of the above and agree to abide by the process defined above.****Student Signature:****Parent/Guardian Signature:****Date:** |

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| **For Office Use Only:** | **Date Received:** |
| **Conference Date:** | **Other:** |
| **In Attendance:** |