**Credit by Demonstrated Mastery (CDM)**

***Student and Family 2016-2017 Application***

Applications due December 16, 2016

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| **STUDENT INFORMATION** | | |
| **Name:** | | **Birthdate:** |
| **School:** | **Grade Level:** | **Student ID:** |
| **Parent/Guardian Name:** | **Email:** | **Phone** |
| **2016-2017 CDM Request  (note: this is to inform scheduling for the 2017-2018 School Year or beyond)** | | |

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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:**  **Circle the course(s) you wish to participate in with CDM.**  **EOC Course(s): Math I English II Biology**  **Non-EOC Courses: (must be a listed in the Onslow County Course Selection Guide)**  **\*note certain courses are exempt (consult your school counselor) Course Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **STUDENT/FAMILY AGREEMENT**  **Please initial each of the following statements to indicate understanding of 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 a Level V “superior” scale score on the appropriate state assessment, EOC or a 94% correct on the appropriate local exam.   + I have only one attempt to pass the exam.   + Prior to the exam, I may review the content standards for the course or subject area that I seeking to demonstrate mastery at <http://www.ncpublicschools.org/curriculum/>   + If I earn the appropriate score, I will move onto Phase 2.  If I do not earn a Level V or 94% correct, I will not have the opportunity to earn CDM for this course.   Please note that EOC, state exam, or Local Exam results are not reviewable.  Phase II (Artifact Review) is the only area which can be reviewed.  \_\_\_\_\_\_ In Phase 2, I will be asked to produce 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.   * + As part of this artifact, I may be required to give a presentation, create a project, or take part in an 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 file for grievance if we do not agree with the   decision of the team regarding the artifact review. |
| **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:** | |