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**Haywood County Schools**

**Credit by Demonstrated Mastery (CDM)**

***Student and Family Application***

***APPLICATIONS MUST BE RETURNED TO YOUR COUNSELOR BY 01/25/22***

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

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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 a minimum of 90% accuracy on the local exam to continue with the CDM process, or a Level V on the appropriate End of Course exam.   + I have one attempt at 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 [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, 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 file for grievance if we do not agree with the decision of the team. |
| **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:** | |