

**CREDIT BY DEMONSTRATED MASTERY (CDM)
Student and Family Application**

STUDENT INFORMATION

Last Name	First Name	Middle Name
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Student Number:	Birth Date:(MM/DD/YEAR)
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School:	<input type="checkbox"/> EHHS	<input type="checkbox"/> HHS	<input type="checkbox"/> NHHS	<input type="checkbox"/> WHHS	<input type="checkbox"/> HCPS CA	<input type="checkbox"/> HCPS EC
	<input type="checkbox"/> AVMS	<input type="checkbox"/> FRMS	<input type="checkbox"/> HMS	<input type="checkbox"/> RMS		

Grade Level:	6	7	8	9	10	11	12	13	(circle one)
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Parent/Guardian Name:

Email:	Phone: ()
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Date of CDM Request:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
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Course Requested:

For Office Use Only:

Date Received: _____ Conference Date: _____

In Attendance: _____

STUDENT & FAMILY AGREEMENT

Please review the following regarding the CDM Process and initial after each:

Initials

- 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 have one attempt at the exam.
 - I must earn a minimum of 90% accuracy on any local exam to continue with the CDM process, a 90% on a CTE exam or a Level V "superior" scale score on the appropriate state assessment, EOC.
 - Prior to the exam, I may review the content standards for the course or subject area that I am seeking to demonstrate mastery at: <http://www.ncpublicschools.org/curriculum/>. Teachers will not be able to assist in any part of the review.
 - If I earn the appropriate score, I will move on to Phase 2. If not, I will not have the opportunity to earn CDM for this course.

- In Phase 2, I will further apply my knowledge of the content as specified by the district. This will reflect my deep understanding of the content standards, including the ability to apply the skills and knowledge content. _____

- 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 towards graduation. _____

- No grade of quality points will be granted and the "Pass" will not be included in my GPA. I understand that I can meet with a CDM Panel member (s) to discuss the process and long-term implications. _____

- I understand that NCAA Division I and Division II colleges and universities do not recognize test-out credits in terms of meeting college entrance credit requirements, therefore CDM is strongly discouraged for potential collegiate athletics. _____

- 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 as defined above.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____