

Credit by Demonstrated Mastery (CDM)
Student Record: Review Panel Recommendations



Student Name:
Student ID:
Current School:
Grade Level:
Birthdate:
Date of Application for CDM:

Phase 1 Assessment
Examination of Foundational Knowledge

Course Title or Subject Area

EOC Scale Score _____

Previous EOG Scale Score _____

Local Exam Score _____

_____ Student met minimum 90% accuracy score for local exam or appropriate Level V “superior” scale score on EOC. Student will progress to Phase 2 of CDM process.

_____ Student did not meet minimum 90% accuracy score. Student will not progress to Phase 2 of CDM process.

Other comments:

**Phase 2 Assessment
Artifact review**

Artifact description:

_____ Student demonstrated deep understanding of content and skills.

_____ Student did not demonstrate deep understanding of content and skills.

Other Comments:

CDM Review Panel Recommendations

Date:

___ Student has EARNED credit by demonstrated mastery (CDM) based on state and local guidelines and will receive credit for the following course or subject area:

___ Student has NOT EARNED credit by demonstrated mastery (CDM) based on state and local guidelines and will not receive credit for the following course:

CDM Review Panel Signatures:

_____	_____
_____	_____
_____	_____

Student Signature:

Date:

Parent/Guardian Signature:

Date:

Please note that once this decision is made, student/family and team will together to address the implications for scheduling and course/subject placement for the following term.

Appeals Process:

If a student or parent/guardian is in disagreement with the recommendations of the CDM Review Panel, the student or parent/guardian may appeal the decision through the following process:

Appeals and Suggested Grievance Process

1. Parent/Guardian may appeal in writing within 10 days of decision
2. Panel will review appeals within 10 days of recommendations and collect any additional data requested by the panel.
3. Final recommendations will be made within 10 days of Appeals Review.

Appeal of recommendation received (date): _____
Appeal review date _____
Appeal review comments:

Final Review Panel recommendation:

_____ CDM approved

_____ CDM not approved