



Responsible: Office of Academics: Department of Assessment

PURPOSE

This Administrative Form is required of students interested in pursuing a Mastery Exam.

PROCEDURE

1. Counselors must complete this form verifying student eligibility to take a Mastery Exam prior to the student taking a Mastery Exam.
2. Students must present the completed form to the test administrator proctoring the Mastery Exam in order to participate. Schedule and location information is available from the counselor or supervising teacher.
3. Qualifications:
 - a. A Mastery Exam for recovering of credit is only offered to students enrolled in a WCSD high school.
 - b. A Mastery Exam gives the high school student an opportunity to demonstrate proficiency in a previously failed course.
 - i. If the student has already earned credit in the course, a Mastery Exam is not an option for improving a course grade.
 - ii. Students wishing to replace a passing grade lower than "A" must repeat the course. See also Administrative Procedure for Repeated Courses, AP 5505.
 - iii. Students have two options for pursuing credit recovery through a Mastery Exam:
 1. Before the beginning of the school year immediately succeeding the school year in which the course was failed (use Form I), or
 2. Within 1 school year after the end of the failed course and following the completion of not less than 20 hours of remedial study in the area of the failed course (use Form II).

REVISION HISTORY

Date	Revision	Modification
04/03/2014	1.0	Adopted
07/29/2015	2.0	Revised

PERMISSION TO TAKE MASTERY EXAM, Form I
First Attempt within the Same School Year

Student Name: _____

Student ID Number: _____

Course Name and Number for Mastery Exam: _____

Counselor Name: _____

By signing below, the counselor verifies that the following is true:

1. The student attempted the course and received a failing grade.
2. The application date is immediately after failing the course or within the same school year.

Counselor Signature: _____

Date: _____

To be completed after the exam is administered and scored: **Mastery Exam Results**

Test Date:		Final Grade:	
Name of Certified Test Administrator:			
Essay graded by <i>(if applicable; must be graded by a certified, employed staff member)</i>	Name:		
	Title:		
Date Grade Posted to Transcript:			

A print out of the student's score as documented in A+ must be printed and attached to this form. If the exam includes an essay, the graded essay must also be attached. These documents are to be put in a Mastery Exam file by semester and stored in the Registrar's office.

PERMISSION TO TAKE MASTERY EXAM, Form II
Second Attempt or Subsequent School Year

Student Name: _____

Student ID Number: _____

Course Name and Number for Mastery Exam: _____

Counselor Name: _____

Has the student previously attempted this Mastery Exam? _____ Date _____

By signing below, the counselor verifies that the following is true:

1. The student attempted the course and received a failing grade.
2. The application date is within 365 calendar-days of failing the course.
3. The student has completed 20 hours of appropriate remediation in the subject to be tested.

Counselor Signature: _____

Date: _____

To be completed after the exam is administered and scored: **Mastery Exam Results**

Test Date:		Final Grade:	
Name of Certified Test Administrator:			
Essay graded by <i>(if applicable; must be graded by a certified, employed staff member)</i>	Name:		
	Title:		
Date Grade Posted to Transcript:			

A print out of the student's score as documented in A+ must be printed and attached to this form. If the exam includes an essay, the graded essay must also be attached. These documents are to be put in a Mastery Exam file by semester and stored in the Registrar's office.