

Student Name: _____ Date: _____



Application for Credit Flexibility

This application must originate in the Guidance Department with a counselor/student conference.

STUDENT INFORMATION

Student Name: _____ Grade: _____

Student Phone Number: _____

Student Email: _____

Reason for pursuing this program:

Answer the following questions by checking "yes" or "no" regarding your Credit Flexibility request.

	YES	NO
Please indicate if you are on an IEP, 504 or Intervention Plan.		
Please indicate if you receive English as a Second Language services.		
Do you participate in any Rocky River sports?		
Will this decision affect your athletic eligibility?		
Will this decision affect your grade placement or graduation?		

Plan is for (check one)

_____ Credit by assessment for an existing Rocky River High School course

_____ Create a Credit Flexibility Plan (CFP) for a new course

_____ Pursue Rocky River board approved educational option

I have reviewed credit flexibility options with my counselor and understand creating a plan is my responsibility.

I understand that any grade earned as part of the credit flexibility option will be treated as a permanent grade on my transcript. When pursuing the credit by assessment option, the assessment suite may only be taken once per academic year.

I have reviewed the Rocky River City School District's Credit Flexibility Program and Guidelines and agree to be bound by them in all respects.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Guidance Counselor Signature: _____ Date: _____

Student Name: _____ Date: _____

CREDIT FLEXIBILITY PLAN (CFP)

Instructions: Student/Parent must complete all sections listed below and submit completed application to his or her guidance counselor by October 1 or May 1 (as applicable).

I. Description of what the student will do to earn this credit. Check all that apply.

- Credit by Assessment
- Coursework
- Online learning (include syllabus from online provider)
- Field experience
- Internship/Mentorship
- Other _____

Describe/Name

Course Information

Flex Credit Course Title (if applicable): _____

Credit(s) Requested: _____ Credit(s) Subject Area: _____

Academic Year: _____

II. List the name and contact information of the organization and/or individual supporting your proposed credit activity.

Name: _____ Organization: _____

Phone Number: _____ Email: _____

*****Please type the answers to questions III-VI on a separate sheet of paper*****

III. Learning Goals: Learning goals should completely identify the learning that will take place and should be tied to Rocky River High School Curriculum, State of Ohio approved academic content standards, National Educational Technology Standards (NETS•S) and Performance Indicators for Students, and/or the National Governors Association (NGA) and the Council of Chief State School Officers (CCSSO) College- and Career-Readiness Standards. Answer the following:

- A. Give a brief description of this experience.
- B. What standards (listed above) are covered in this project?
- C. Why this experience?
- D. What do you plan to learn from this experience?
- E. How will your learning be different through this experience as compared to the traditional classroom?
- F. How do you hope to enhance your learning through this experience?
- G. How does this educational plan connect to your goals in life?
- H. How does this educational plan connect to the larger world?

IV. Action Plan: Identify activities and actions to accomplish the learning goals. Answer the questions:

- A. What exactly will you be doing?
- B. What times of day will be devoted to this experience?
- C. Where will you be doing this experience?
- D. How will you achieve the maximum experience from your placement?

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V. Assessment: Identify the projects, presentations, written assignments, tests and/or other assessments that will be used to demonstrate what has been learned. Answer the questions:

- A. How will you document your learning?
- B. What will be included in the documentation process?
- C. How will you demonstrate your learning?

VI. Timelines: List all of the tasks, along with completion dates, that are necessary for a successful learning experience.

VII. Student Contract: The student and parent must read and initial each item below as an indication of acceptance.

Student	Parent	
		The student will hold primary responsibility for the overall success of the course.
		The student will be expected to allocate and manage his or her time in working towards course completion.
		The student will be expected to independently fulfill the work required to complete the course.
		The student will be expected to update parents regarding his or her progress.
		The student must complete all work by the due dates agreed upon in this contract.
		There are NO weighted grades for credits earned through credit flexibility.
		The student will be removed from the Credit Flexibility Program for issues involving plagiarism and copyright violations and will be subject to school discipline.

Course Completion Timeline (select one):

- Entire Academic Year
- Semester 1 only
- Semester 2 only
- Other _____

Beginning Date: _____ **Completion Date:** _____

My signature below indicates that I have read the Credit Flexibility Guidelines. Also, I have met with my counselor and understand that the Credit Flexibility Option is a rigorous process designed to allow me to work at my own pace to complete this course.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

VIII. CREDIT FLEXIBILITY COMMITTEE REVIEW of CREDIT FLEXIBILITY REQUEST (office use only)	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Comments: _____	
