

Please complete sections highlighted in yellow



### Application for ONLINE HEALTH Credit Flexibility Plan (CFP)

Student/Parent must complete all sections as instructed and submit completed application to assigned school counselor by March 1<sup>st</sup>.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Student Email: \_\_\_\_\_

Reason for pursuing a Health Credit Flexibility plan:

\_\_\_\_\_

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

|   | YES | NO |
|---|-----|----|
| Are you on an IEP, 504 or Intervention Plan.                  |     |    |
| Do you receive English Language services.                     |     |    |
| Do you participate in any Rocky River High School sports?     |     |    |
| Will this decision affect your athletic eligibility?          |     |    |
| Will this decision affect your grade placement or graduation? |     |    |

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

| Student | Parent/ Guardian |  |
|---------|------------------|--|
|         |                  | I understand that the student will hold primary responsibility for the overall success of the CFP.   |
|         |                  | I understand that the RRHS Code of Conduct applies at all times during the completion of this CFP.   |
|         |                  | I understand that the student will be removed from the Credit Flexibility Program for issues involving plagiarism and copyright violations and will be subject to school discipline. |
|         |                  | I understand that the student is expected to allocate and manage his or her time in working towards course completion.   |
|         |                  | I understand that the student will be expected to independently fulfill the work required to complete the CFP.   |
|         |                  | I understand that the student will be expected to update parents regarding his or her progress.  |
|         |                  | I understand that the student must complete all CFP work by the due dates agreed upon in this contract.  |
|         |                  | I understand that any grade earned as part of this credit flexibility option will be posted as a permanent grade on the student's transcript.  |
|         |                  | I understand that the student is responsible for maintaining academic, and NCAA if necessary, eligibility if s/he participates in RRHS athletics.                                    |

**SIGNATURE SECTION**

**STUDENT**

Your signature indicates that you have discussed the above statements with your parents, understand the commitment you are making, and agree to the policies set forth by Rocky River High School.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN**

Please read & discuss the above statements as well as the Credit Flexibility Information and Guidelines with your student. Your signature indicates that you have read these and agree to the policies set forth by Rocky River High School. Your signature also relieves the school of any liability for your son/daughter during times in which your student is not required to be at school due to this flexible credit plan, should it be accepted.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ONLINE HEALTH CREDIT FLEXIBILITY PLAN (CFP)**

**I. GENERAL INFORMATION**

Option: What will the student do to complete the plan and earn credit.

- 1. **Hybrid course comprised of online learning from an accredited institution (TRECA) and face-to-face meetings with a Rocky River High School teacher of record.**

|  |   |
|--|---|
| Final grade calculation: 87% of final grade<br>9% of final grade<br><br><u>4% of final grade</u><br>100% | grade posted for Health to TRECA transcript<br>participation grade in three required morning seminars (3% ea.)<br>participation grade in optional morning seminars (2% ea.) |
|--|---|

| TRECA Grade on transcript | % Given for TRECA Grade | Required seminar 1 | Required seminar 2 | Required seminar 3 | Optional seminar 1 | Optional seminar 2 | Potential final grade range |
|---------------------------|-------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-----------------------------|
| A                         | 87                      | 3                  | 3                  | 3                  | 2                  | 2                  | 96-100                      |
| B                         | 78                      | 3                  | 3                  | 3                  | 2                  | 2                  | 87-91                       |
| C                         | 69                      | 3                  | 3                  | 3                  | 2                  | 2                  | 78-82                       |
| D                         | 60                      | 3                  | 3                  | 3                  | 2                  | 2                  | 69-73                       |
| F                         | 52                      | 3                  | 3                  | 3                  | 2                  | 2                  | 61-65                       |

Course Title: **HEALTH**

Institution that will assess and award final transcribed credit: **ROCKY RIVER HS**

Amount of credit desired for the plan (circle one): 0.5 credits      1.0 credit

Subject area of CFP: **HEALTH**

Plan Completion Timeline (select one):

- Entire Academic Year
- Semester 1 only
- Semester 2 only
- Other \_\_\_\_\_

Plan beginning date: \_\_\_\_\_ Plan completion date: \_\_\_\_\_

The final grade for your CFP will be posted on your transcript and calculated into your GPA. Your plan will be overseen by a Rocky River teacher of record. Please list two check-in dates at which time you will present evidence that you are making progress in your CFP:

check-in date 1: \_\_\_\_\_

check-in date 2: \_\_\_\_\_

Your plan will be overseen by a Rocky River High School teacher of record:

Name: **Mrs. Julie Achladis**

Organization/Affiliation: **RRHS Health and Fitness Teacher**

Phone Number: **(440) 356-6800** Email: [achladis.julie@rrcs.org](mailto:achladis.julie@rrcs.org)

**II. DEMONSTRATION OF MASTERY OF STANDARDS**

From what online institution will you take a health class: **TRECA**

**Please attach a copy of the course syllabus from this institution to this application.**

Ohio law requires schools to deliver instruction on many different topics. At Rocky River High School, several of these legal requirements take place during our one-semester health class, the class for which you are choosing to pursue flexible credit. The state requirements covered in our RRHS health course are:

- Instruction in the nutritive value of food, including natural and organically produced foods, the relation of nutrition to health, and the use and effects of food additives.
- Instruction in the harmful effects of and legal restriction against the use of drugs of abuse, alcoholic beverages, and tobacco.
- Instruction in venereal disease education.
- Violence in dating instruction, which shall include instruction in recognizing dating violence warning signs and characteristics of healthy relationships. (HB 19)
- Instruction on the dangers of prescription opioid abuse, with an emphasis on the prescription drug epidemic and the connection between prescription opioid abuse and addiction to other drugs, such as heroin. (HB 367)
- Instruction in hands-on CPR and AED training using “psychomotor skills”. This means each student must actually perform the procedure at some point during CPR and AED instruction. (HB 113)
- The process of making an anatomical gift under Chapter 2108 of the Revised Code, with an emphasis on the life-saving and life-enhancing effects of organ and tissue donation, and also

including HB 438 organ donation education requirements on how to make an informed decision about organ, eye and tissue donation.

Our review of the TRECA Health course syllabus reveals that further instruction is required beyond the content delivered in this online course in order for you to receive the following state-required material:

- Instruction on the dangers of prescription opioid abuse, with an emphasis on the prescription drug epidemic and the connection between prescription opioid abuse and addiction to other drugs, such as heroin. (HB 367)
- Instruction in hands-on CPR and AED training using “psychomotor skills”. This means each student must actually perform the procedure at some point during CPR and AED instruction. (HB 113)
- The process of making an anatomical gift under Chapter 2108 of the Revised Code, with an emphasis on the life-saving and life-enhancing effects of organ and tissue donation, and also including HB 438 organ donation education requirements on how to make an informed decision about organ, eye and tissue donation.

Further, a review of the TRECA Health course syllabus reveals that the following district-determined material is not addressed in the TRECA Health course:

- Personal safety, specifically techniques in physical self-defense and how to change a tire.

To this end, RRHS teachers and administrators have developed the following convenient schedule for students who are credit flexing health class via TRECA to receive the required instruction in order to receive credit for Health. In addition to completing your online coursework for your TRECA health course, please attend the required seminars, and optional seminars if interested, at the dates and times below in order to receive full credit for your Health CFP.

2019-2020 Health Sessions Schedule  
7:55-8:55am  
RRHS Health room

| Students with the following counselor | Required | Required        | Required        | Optional**            | Optional**   |
|---------------------------------------|----------|-----------------|-----------------|-----------------------|--------------|
|                                       | Opioids  | CPR/AED Part 1* | CPR/AED Part 2* | Relationship Violence | Self-defense |
| Petrulis                              | 8/28/19  | 9/18/19         | 9/25/19         | 10/30/19              | 11/20/19     |
| Pontikos                              | 9/4/19   | 10/2/19         | 10/9/19         |                       |              |
| McMahon                               | 9/11/19  | 10/16/19***     | 10/23/19        |                       |              |

*Students, please see Mrs. Achladis if you need to switch a PLC session due to a meeting conflict with another group.*

\*An alternative to attending these two seminars is to present Mrs. Achladis with your proof of American Red Cross adult first aid/CPR/AED certification.

\*\*Registration required

\*\*\*In the afternoon after PSAT testing

**III. CREDIT FLEXIBILITY COMMITTEE REVIEW of CREDIT FLEXIBILITY PLAN REQUEST (office use only)**

APPROVED

NOT APPROVED

Comments: