

PE Elective



Credit Flex Application

Ohio's plan for credit flexibility is designed to broaden the scope of curricular options available to students, increase the depth of study possible for a particular subject, and allow tailoring of learning time and/or conditions. These are ways in which aspects of learning can be customized around more of the student's interests and needs.

ARE YOU READY FOR A CREDIT FLEXIBILITY OPPORTUNITY?

A credit flex opportunity at Hudson High School is a student owned learning opportunity that:

- ✓ Provides more choices and autonomy in deciding how, when and where students learn
- ✓ Provides a more options for individually suited pathways to post-secondary and career goals
- ✓ Provides acceleration and convenience including more options for courses in the school schedule, especially for fitting in electives

Students may earn credit through one of the following:

- ✓ Demonstration of Mastery- testing out of a course
- ✓ Pre-approved/Pre-Written Credit Flex Courses
- ✓ Enrichment through Experience or Performance

STUDENTS WHO CAN ANSWER “YES” TO THE FOLLOWING QUESTIONS ARE READY FOR A CREDIT FLEX COURSE.

Students understand that:

- ✓ I will follow the rules of Hudson City School District and the school code of conduct while working on this credit flex opportunity
- ✓ I understand that Hudson City School District cannot offer hardware or software support for my personal computer
- ✓ I am the only one responsible for my own learning
- ✓ I am able to manage my study time effectively and easily complete assignments on time
- ✓ I am self-disciplined and find it easy to set aside reading and homework time
- ✓ When it comes to learning, I am a self-directed person
- ✓ I am willing to follow the recommendations made by the committee approving my credit flex plan
- ✓ I am willing to revise my credit flex plan according to the specifications of the committee

Hudson High School Credit Flexibility

Important: Hudson High School students should thoroughly read the information below. It is important that the information is understood and followed throughout the credit flexibility course.

Application Deadlines

Students wishing to take advantage of the credit flexibility opportunity must submit a complete application by:

- ✓ September 1 (for fall semester)
- ✓ December 15 (for spring semester)
- ✓ May 1 (for summer)

*Please note that work submitted for credit will be reviewed on or near the application deadlines. For example: if you earn application approval on Sept. 1, all work must be completed and submitted by December 15 for review by the credit flex committee. Extensions may be requested through your school counselor, as needed.

Program Integrity

In order to ensure the integrity of the learning experience approved under this program, the student will be required periodically and/or upon request to provide evidence of progress and attendance. The principal or his/her designee will be responsible for certifying completion and the award of credits consistent with the District's policies on graduation. If a student ceases to attend or is unable to complete the credit flexibility opportunity for any reason, the application will be voided.

OHSAA/NCAA Considerations

Students wishing to participate in high school athletics must be aware that credit flexibility learning experiences will not be factored into their eligibility considerations. We recommend that students continue to enroll in courses posted on the approved NCAA website to remain eligible for participation.

Seniors wishing to pursue Division I or Division II NCAA athletic eligibility are responsible for ensuring that they will meet the appropriate requirements.

OHSAA requires that student-athletes must receive passing grades in a minimum of five one-credit courses, or the equivalent, in the immediately preceding grading period in order to be eligible to participate.

Awarding Credit

Credit will be awarded and appear on a student's end of year transcript following the approved completion of credit flex coursework. **Please note:** credit flex classes will not appear on a student's report card. A student's school counselor will notify them of the credit being awarded and the grade earned via email within one week of approval.

Retroactive Credit

Students will not be allowed to retroactively receive credit for courses or experiences taken prior to the submission of an application. Therefore, all courses taken or credit gained prior to the approval of the committee will not be granted to students.

Resubmission Process

Students who wish to resubmit their application after concerns were raised and recommendations were made must do so within TWO WEEKS after the decision was made. If this deadline has passed, the student may resubmit his/her application for the deadline of the next session.

Area of Study & Link to ODE Content Standards

Area of Study	Link to ODE Content Standards
BUS	<u>Business unit</u>
CTA	<u>Career/Technical units</u>
ELE	Elective units
ENG	<u>English units</u>
FAR	<u>Fine Arts units</u>
FLR	<u>World Language units</u>
HEC	<u>Family and Consumer Science units</u>
HTH	<u>Health Education units</u>
MTA	<u>Mathematics- Algebra II or Equivalent units</u>
MTO	<u>Mathematics units Other than Algebra II or Equivalent</u>
PHE	<u>Physical Education units</u>
SCA	<u>Science- Advanced Science units</u>
SCL	<u>Science- Life Science units</u>
SCO	<u>Science units Other than Physical, Life, or Advanced Science</u>
SCP	<u>Science- Physical Science units</u>
SOG	<u>Social Studies- American Government units</u>
SOH	<u>Social Studies- American History units</u>
SOO	<u>Social Studies units Other than American History & Government</u>
TEC	<u>Technology Education/Computer Science units</u>

STEPS FOR THE APPLICATION PROCESS

- ✓ Discuss possible credit flex plan with your counselor and parents
- ✓ Complete an application. Applications are available from the HHS Guidance & Counseling website
- ✓ Download related course information from the Ohio Department of Education Content Standard. You may need these guidelines to help you complete the application
- ✓ Be prepared to attend a meeting to discuss your proposal or to re-submit it as necessary.
- ✓ Once the application is approved, the course must be completed as approved by the committee
- ✓ Accepted applications may be withdrawn at anytime

TIMELINES AND DEADLINES

Fall Session (1) Application Deadline: September 1

- ✓ Work must be completed by December 15th for grades to be posted at the end of semester 1

Spring Session (2) Application Deadline: December 15

- ✓ Work must be completed by May 1 for grades to be posted at the end of semester 2

Summer Session (3) Application Deadline: May 1

- ✓ Work must be completed by September 1 for grades to be posted at the end of semester 1

Appeal Process

Step 1: Meet with building principal

Step 2: Meet with Superintendent or his/her designee

Step 3: Meet with Board of Education

Step 4: Meet with Ohio Department of Education

3 AVENUES TO ACHIEVE CREDIT

- ✓ **Demonstration of Mastery-** testing out of a course
Course is designed by HHS departments with a specific Teacher of Record. Typically, the student will be required to take the midterm and final of the course. There may be additional requirements as set by the teacher/department.
- ✓ **Pre-approved/Pre-written Credit Flex Courses**
Students will fill out the specific application and follow the predetermined guidelines for that specific course. The pre-approved courses are:
 - Foundations of Physical Education (formerly PE9)
 - *The PE assessment dates for Foundations of PE are the last 2 Wednesdays of September at 8:00am, the first 2 Wednesdays of April at 8:00am, and the first two Thursdays during the first summer school session from 10:00am-12:00pm. These dates can be found on the HS calendar. All students should meet in the main gym at HHS.*
 - Physical Education Elective
 - Integrated Computer Applications
 - Graphics
 - Digital Photography
- ✓ **Enrichment through Experience or Performance**
Student writes his/her plan of action from the Ohio Content Standards for that course (See last page for "Area of Study" links to view specific standards)

CREDIT FLEXIBILITY APPLICATION

Name: _____ Student ID: _____

Grade: _____ Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Student Email: _____

Parent/Guardian name: _____

Credit Flex Course Area of Study: _____

**Guidance Dept.
Use Only**

Initial & Date
approval email sent
to study:

Name of Course: _____

Credit to be earned (select one): .25 .50 1.0

Grade Option (select one): Letter Grade OR S/U (Satisfactory grade = 70% or higher)

Circle Term: Fall (Sept. 1) Spring (Dec. 15) Summer (May 1)

METHOD OF ACHIEVING CREDIT (COMPLETE ONE OF THE THREE BOXES BELOW)

Pre-approved/Pre-written Credit Flex Courses

Students will fill out the specific application and follow the predetermined guidelines for that specific course. Please circle the course below & list the contact information for course supervisor (For PE courses, a contact should be listed for each activity).

Foundations of PE (formerly PE9)	PE Elective	Integrated Computer Applications
Graphics	Digital Photo	Other: _____
Name/Title	Activity	Email

Demonstration of Mastery- testing out of a course

Course is designed by HHS departments with a specific Teacher of Record. Typically, the student will be required to take the midterm and final of the course. There may be additional requirements as set by the teacher/department.

Teacher of Record	Title	Email
		@hudson.edu

Enrichment through Experience or Performance

Student writes his/her plan of action from the Ohio Content Standards for that course (See last page for "Area of Study" links to view specific standards)

Specify Method: _____

(Examples: Independent Study, Mentorship, Internship, Study Abroad, Educational Travel, Combinations for the following: competitions, honors, awards, selective membership, portfolio)

Adult Supervisor(s)/Teacher(s)/Mentor(s): An official signature must be provided by each person listed verifying time, effort, & performance level upon completion of this credit flexibility course.

Name/Title	Cell Phone #	Email

GENERAL INFORMATION & DISTRICT POLICIES

Student Name: _____

Date: _____

Student ID Number: _____

Current Grade: _____

To the STUDENT:

Please read the following statements & then initial next to the statements indicating that you understand the policies.

Student Initials	I understand that:
	I understand that academic honesty rules apply just as they do in a traditional class setting.
	I must meet the attendance requirements set forth by my plan.
	I am responsible for ensuring that I have met graduation requirements by the established deadlines to participate in graduation.
	I recognize that the course may not match the academic standards for HHS & may not adequately prepare me for subsequent courses.
	I am responsible for maintaining my academic eligibility.
	I am responsible for maintaining my OHSAA athletic eligibility. I must maintain my enrollment in 6 classes in grades 9-11 and 5 classes in grade 12; PE (.25 credit) does not count toward athletic eligibility.
	If I am planning to participate in athletics in college, I have referred to NCAA requirements at www.eligibilitycenter.org .
	I am an athlete in this sport: _____
	I am on an IEP or 504 & request support services.

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

Signature of Student: _____

Date: _____

To the Parent/Guardian of the student submitting a credit flexibility application:

Please read & discuss the above policies with your student. Your signature indicates that you have read the above statements & agree to the policies set forth by Hudson 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.

Signature of Parent: _____

Date: _____

PHYSICAL EDUCATION ELECTIVE ¼ CREDIT

MINIMUM OF 20 HOURS IN EACH OF 3 ACTIVITIES, 60 MINIMUM TOTAL HOURS

****COMPLETE ALL SHADED SECTIONS****

State of Ohio Content Standards	Explain how will you demonstrate proficiency?	Explain how will this be evaluated?
Standard 1 Demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities	Student will participate in a variety of workout activities to increase my level of fitness. Student will provide a list of at least 3 physical activities (20 hours in each activity for a total of 60 hours) that encompass: Variety Movement Rigor Student will solicit help on a regular basis from the adults listed on my application.	My list of activities will included: 1. 2. 3. Student will provide a copy of a general "workout" for each of the activities listed above. Student Initials _____
Standard 2 Demonstrates understanding of movement concepts, principles, strategies and tactics as they apply to the learning and performance of physical activities	Student will apply concepts, principals, strategies, and tactics learned while participating in this course. Student will attempt strategies learned that may result in a better, more efficient way to be physically successful	I will write a 3-5 page paper of the following specific skill: _____ _____
Standard 3 Participates regularly in physical activity.	Student will be physically active throughout each week of this course.	I will keep a journal/listing of all of my different physical activities for a minimum of 60 hours. This will show that I participate in a variety of physical activity on a regular basis. Student Initials _____
Standard 4 Achieves and maintains a health-enhancing level of physical fitness.	Student will maintain a high level of performance during my workouts. This will allow the student to achieve an effective working heart rate that will create the most benefit.	I will have the adults listed on my application complete the enclosed Student Athletic Evaluation form. Student Initials _____
Standard 5 Exhibits responsible personal behavior and social behavior that respects self and others in physical activity settings.	Student will be a good sport during my workouts, practices and competitions, if any. I will cheer on others, if in a group, and encourage them to do their best. Student will follow all the rules of facilities used and persons involved.	I will have the adults listed on my application complete the enclosed Student Social Behavior Evaluation form. Student Initials _____
Standard 6 Values physical activity for health, enjoyment, challenge, self-expression and/or social interaction.	Student will develop an exercise routine so that my overall health improves with a basic understanding of benefits of living an active, healthy, and productive life.	I will write a 2-3 page paper explaining the value of physical activity. This paper will specifically explain: _____ _____

THE REMAINING PAGES ARE TO BE TURNED IN UPON COMPLETION OF YOUR CREDIT FLEXIBILITY COURSE.

PE Elective Credit Flex Hours Log
Activity 1: _____

(20 hours required)

NAME _____ Student ID # _____

Activity Supervisor _____

[illegible]

Supervisor Signature: _____

Date received _____

PE Elective Credit Flex Hours Log
Activity 2: _____

(20 hours required)

NAME _____ Student ID # _____

Activity Supervisor _____

[illegible]

Supervisor Signature: _____

Date received _____

PE Elective Credit Flex Hours Log
Activity 3: _____

(20 hours required)

NAME _____ Student ID # _____

Activity Supervisor _____

[illegible]

Supervisor Signature: _____

Date received _____

STUDENT SOCIAL BEHAVIOR EVALUATION

ACTIVITY 1

THIS FORM IS TO BE COMPLETED BY EACH SUPERVISING ADULT & MUST BE INCLUDED IN THE COMPLETED PACKET OF WORK.

Student's Name: _____

Evaluator's name & title: _____

Dates you have worked with this student: _____

Does this student display the attributes of good sportsmanship at all times in your presence?

Yes

No

Is the student respectful of your time & knowledge that you share?

Yes

No

Is the student respectful & conscious of those around her/him while training?

Yes

No

Does the athlete follow all rules & guidelines set forth by you & your staff?

Yes

No

Does the athlete do her/his best to support others as well as encourage them to do their best of their ability?

Yes

No

Any additional comments:

Signature: _____

Date: _____

STUDENT ATHLETIC EVALUATION

ACTIVITY 1

THIS FORM IS TO BE COMPLETED BY EACH SUPERVISING ADULT & MUST BE INCLUDED IN THE COMPLETED PACKET OF WORK.

Student's Name: _____

Evaluator's name & title: _____

Dates you have worked with this student: _____

Is the student attentive to the instruction given?

Yes

No

Does the student push him/herself physically & mentally to improve his/her level of fitness?

Yes

No

Is the student continuing to search for ways to improve her/his overall ability?

Yes

No

Does the student arrive on time with a positive attitude?

Yes

No

Is the student willing to try new things?

Yes

No

Does you believe the student fully understands the instruction given & the purpose & benefits of the activities completed?

Yes

No

Any additional comments:

Signature: _____

Date: _____

STUDENT SOCIAL BEHAVIOR EVALUATION

ACTIVITY 2

THIS FORM IS TO BE COMPLETED BY EACH SUPERVISING ADULT & MUST BE INCLUDED IN THE COMPLETED PACKET OF WORK.

Student's Name: _____

Evaluator's name & title: _____

Dates you have worked with this student: _____

Does this student display the attributes of good sportsmanship at all times in your presence?

Yes

No

Is the student respectful of your time & knowledge that you share?

Yes

No

Is the student respectful & conscious of those around her/him while training?

Yes

No

Does the athlete follow all rules & guidelines set forth by you & your staff?

Yes

No

Does the athlete do her/his best to support others as well as encourage them to do their best of their ability?

Yes

No

Any additional comments:

Signature: _____

Date: _____

STUDENT ATHLETIC EVALUATION

ACTIVITY 2

THIS FORM IS TO BE COMPLETED BY EACH SUPERVISING ADULT & MUST BE INCLUDED IN THE COMPLETED PACKET OF WORK.

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Does the student push him/herself physically & mentally to improve his/her level of fitness?

Yes

No

Is the student continuing to search for ways to improve her/his overall ability?

Yes

No

Does the student arrive on time with a positive attitude?

Yes

No

Is the student willing to try new things?

Yes

No

Does you believe the student fully understands the instruction given & the purpose & benefits of the activities completed?

Yes

No

Any additional comments:

Signature: _____

Date: _____

STUDENT SOCIAL BEHAVIOR EVALUATION

ACTIVITY 3

THIS FORM IS TO BE COMPLETED BY EACH SUPERVISING ADULT & MUST BE INCLUDED IN THE COMPLETED PACKET OF WORK.

Student's Name: _____

Evaluator's name & title: _____

Dates you have worked with this student: _____

Does this student display the attributes of good sportsmanship at all times in your presence?

Yes

No

Is the student respectful of your time & knowledge that you share?

Yes

No

Is the student respectful & conscious of those around her/him while training?

Yes

No

Does the athlete follow all rules & guidelines set forth by you & your staff?

Yes

No

Does the athlete do her/his best to support others as well as encourage them to do their best of their ability?

Yes

No

Any additional comments:

Signature: _____

Date: _____

STUDENT ATHLETIC EVALUATION

ACTIVITY 3

THIS FORM IS TO BE COMPLETED BY EACH SUPERVISING ADULT & MUST BE INCLUDED IN THE COMPLETED PACKET OF WORK.

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Does you believe the student fully understands the instruction given & the purpose & benefits of the activities completed?

Yes

No

Any additional comments:

Signature: _____

Date: _____