

Credit Flexibility Application

Student Name: _____

Date: _____

Student ID #: _____

Current Grade Level: _____

Student Email: _____

School Counselor: _____

****Note: For grades 7-10, Credit Flex coursework must be completed between the Credit Flex contract date and the summer after the following academic year and submitted to the counselor by August 12th. For juniors (rising seniors), Credit Flex coursework must be completed and submitted by May 2nd of the senior year.***

****STATE TESTING: Students will be required to complete state testing for the following subjects, even if those courses are taken through a Credit Flex Option: English 10, Algebra I, Geometry, Biology, American History, American Government, and/or any other testing required by the State of Ohio.***

Credit Flex Options: (Check all that apply)

_____ Credit Flex Option 1 - Test Out (for credit and grade to be recorded)

- Student must complete all SHS assessments for the course
- Once a student begins the testing process, he/she will be required to complete all tests and will earn the average grade, which will be posted to transcript and figured into the GPA
- To be recommended for an accelerated, honors or AP course, students must earn a final average grade of 90% or higher

_____ Credit Flex Option 2 – Course Acceleration (used to skip to the next level)

****Students may NOT accelerate out of any course that is required for graduation****

- Students who make requests within the first four weeks of school will be considered for acceleration at that time.
- Students who make requests after the first four weeks of school will be considered for acceleration at the semester.
- The student must demonstrate mastery of course content by earning an average of 90% or higher on assessments.
- No credit will be earned and no grade will be posted to transcript

_____ Credit Flex Option 3 - Course Mastery of a Course Not Offered at SHS/Independent Study

- Course will be Pass/Fail

_____ Credit Flex Option 4 – Online/High School Courses Taken at Approved Institution Option

- Student will complete online course (see approved online high school list below) and MUST provide a high school transcript with grade earned (this grade will be posted to the Solon High School transcript and will be figured into the high school GPA)
- Any and all fees are the responsibility of the student/parent
- **IN ORDER TO RECEIVE CREDIT AND TO BE PLACED IN THE NEXT LEVEL, STUDENTS TRANSCRIPTS MUST BE RECEIVED NO LATER THAN AUGUST 12, 2024!**

Approved Online High Schools: ***Administrative approval needed in advance for the use of any other high school institution. (The credit flex online high school must be an approved high school and provide an official transcript for completed coursework.)***

(Solon City Schools will NOT provide the teacher of record and will NOT administer any exams for online courses)

- Johns Hopkins Center for Talented Youth
- Northwestern University Center for Talent Development Program
- Brigham Young University Independent Study

Credit Flex Timeline

March 28	Complete Application Due – Options 1, 2 and 3
April 2-30	Review of Applications for Options 1, 2 and 3
May 3	Option 4 Application Due
Second Week in May	Students Informed of Application Status
August 12	Option 4 - Transcripts indicating completion of coursework due to a counselor for 7-11 th graders. IF A FINAL TRANSCRIPT IS NOT RECEIVED BY THIS DATE, STUDENTS WILL NOT BE PLACED IN THE NEXT LEVEL.
Second or third week of August (Test date to be announced each year)	Option 1 - Test-Out Period
October 16	First Quarter Monitoring – Option 3
December 18	Second Quarter Monitoring – Option 3 (Final evaluation for semester course) Final Presentation for Option 3 (semester course)
March 19	Third Quarter Monitoring – Option 3
May 7	Transcripts indicating completion of coursework due to counselor for 12 th graders
May 14	Fourth Quarter Monitoring – Option 3 (Final evaluation for year-long course or second semester course) Final Presentation for Option 3 (year course or second semester course)

Please read the following statements, initial in the space provided by each statement, and sign below to indicate that you understand and agree to the procedures put forth in this document.

I understand and agree that:

- _____ If my credit flexibility application is accepted, I will earn _____ credit for my work
- _____ I have met with my School Counselor and have an up-to-date 4 year course plan (*please attach*)
- _____ I am responsible for scheduling and attending meetings with my Teacher of Record to meet the following requirements: check points, project guidance, work completion, assessments and attendance
- _____ The grade I earn will appear on my transcript and be calculated into my GPA (Option 3 is Pass/Fail)
- _____ Only classes that match Honors and AP courses offered at SHS will receive a weighted grade
- _____ Dropping a Credit Flex class will be treated the same as dropping a class at SHS (*see Program of Studies*)
- _____ If I drop a Credit Flex class, it may not be possible to enroll in a traditional class that is already in progress
- _____ I am required to participate in all state testing, even if taking courses via Credit Flex
- _____ Failure of required state testing may impact the approval of my application
- _____ Academic honesty rules apply just as they do in a traditional class setting (*see Student Handbook*)
- _____ I must meet the attendance requirements set forth in my plan
- _____ I am not permitted in the school building when I am not scheduled in a traditional class and understand the Student Code of Conduct applies to me at all times
- _____ I am responsible for monitoring and meeting graduation requirements
- _____ I must adhere to the dates and deadlines for my Credit Flex Plan
- _____ I am responsible for verifying graduation requirements with my counselor and completing all procedures necessary for the graduation ceremony (*Seniors only*)
- _____ Any Credit Flex option I select must meet the athletic participation requirements set forth by OHSAA and/or NCAA Initial Eligibility Center and that I must speak with my counselor to evaluate the impact of accessing Credit Flexibility on my eligibility for high school and collegiate athletics
- _____ My Credit Flexibility Application is subject to approval by Solon High School or Solon Middle School (grades 7 & 8)
- _____ I understand that completion of this form does not guarantee approval
- _____ My coursework will be due on this date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Date submitted to counseling office: _____

CREDIT FLEXIBILITY ATHLETIC WAIVER FORM

HIGH SCHOOL ATHLETICS:

To be eligible to play interscholastic high school sports, a student must be currently enrolled in Solon High School and must have been enrolled in five full-credit courses during the immediately preceding grading period. At the conclusion of the high school's grading period, a student enrolled in Credit Flex options must be passing at least five full-credit courses, including Credit Flex options in which they are enrolled, to establish athletic eligibility.

COLLEGE ATHLETICS:

Students who anticipate continuing participation in sports at the college level should carefully consider the possibility that the NCAA Initial Eligibility Center may not include some Credit Flexibility options as part of the qualifying core courses required for Division I and II eligibility. For potential college student athletes, the NCAA eligibility requirements specifically address the types of learning opportunities available through the Credit Flexibility policy (e.g., online/distance learning, independent study). The NCAA does not allow "credit by exam" (or Mastery Assessment) courses to be applied to core course eligibility requirements.

I have carefully read this information and understand that accessing Credit Flexibility options might negatively impact high school and college athletic opportunities/eligibility.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Student Name (please print):

Parent Name (please print):

CREDIT FLEXIBILITY APPROVAL FORM

Student Name: _____ Current Grade: _____

Student ID #: _____

Student Email: _____

Course Name: _____

Credit to be Earned: _____

Semester to be Completed: ___ First ___ Second ___ Year Long

Credit Flex Option (circle): 1 2 3 4

_____ Plan Attached (if applicable)

_____ Option 3 Waiver Form (if applicable)

_____ Athletic Waiver Form

_____ Completed Application

For Office Use Only

_____ APPROVED

_____ NOT APPROVED

Teacher of Record Signature: _____

Counselor Signature: _____

Administrator Signature: _____

Date of Contract: _____

CREDIT FLEX PACKET – SECTION 2

For use with Option 3 ONLY

Credit Flexibility Option 3 Proposal

Students who choose to complete the Credit Flex Option 3 at Solon High School should use this document to propose and plan their activities; account for their progress toward their goal; illustrate their preparation for the final presentation; and account for the project's final product.

Upon completion of the personal information below, this document needs to be returned to your School Counselor who will direct it to the appropriate department. If the student plans to participate in a mentorship type of experience, the student must include a letter from the cooperating mentor confirming this arrangement.

During the course of the project, students must track their progress in the "Progress" section and return this document according to the specific schedule detailed in the "Plan" section. There should be sufficient documentation for a quarterly determination of progress by the teacher of record. This documentation will determine your Pass/Fail grade (Option 3) each quarter.

CREDIT FLEXIBILITY PROPOSAL

Student Name: _____ **Current Grade (Circle):** 9 10 11 12

Initiation date: _____ (date of first meeting, rehearsal, etc.)

Mentor(s)/Teacher: _____

Project (Course) Title: _____

Major Subject Area: _____

Proposed credit (circle): .25 credits .50 credit 1 credit

Student Phone #: _____

Email: _____

Parent Phone #: _____

Email: _____

Advisor Phone#: _____

Email: _____

SOLON HIGH SCHOOL

CREDIT FLEXIBILITY *OPTION 3* WAIVER FORM

- I understand that my child will be participating in an educational option with a mentor who is not an employee of the Solon Schools. I understand mentors do NOT undergo a background and security check by the Solon Board of Education prior to participating in this project.
- I also understand that while my child is participating in this educational option, the Solon High School Student Code of Conduct will fully apply, and all rules and regulations contained in the Code of Conduct will be strictly enforced and reported back to school.
- Finally, I understand that the assigned mentor will have the authority to direct and supervise my child in his/her studies.

I acknowledge that I have read and understand this Credit Flexibility Option 3 Waiver Form.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Student Name (please print):

Parent Name (please print):

Proposal

Use the space below to compose a proposal for your project. Find the appropriate curriculum in the Program of Studies and align it to your proposed course content on a separate document. The alignment to the Curriculum should be submitted with the rest of the application.

TOPIC OF STUDY:

GOALS OF STUDY:

1.

2.

3.

OPEN-ENDED QUESTIONS TO GUIDE RESEARCH:

1.

2.

3.

Proposal

Use the space below to complete your proposal.

RESOURCES NEEDED:

WRITE A BRIEF DESCRIPTION OF THIS PROJECT. IN WHAT FORM WILL LEARNING BE EVIDENCED? (i.e. Research Paper, Portfolio, Presentation, etc.)

HOW WILL THIS PROJECT DEMONSTRATE COURSE SKILLS / ALIGN TO ACADEMIC CONTENT STANDARDS?

Plan/Syllabus

The space below is reserved for your specific schedule of how you will proceed throughout your project. Essentially, you are creating a detailed timeline that will help you stay on schedule to complete your work. Include in your timeline quarterly dates for progress determination by your Teacher of Record. Include all the places you intend to go; who you would like to interview or anyone from whom you will request information; and what you plan to accomplish at specific intervals. *You should have work to share with your teacher of record for each quarter.*

1st Quarter: *(Teacher of record and student will determine frequency of meetings)*

Attach plan for quarterly progress.

Teacher Signature for Quarterly Review: _____ Date: _____

2nd Quarter: *(Teacher of record and student will determine frequency of meetings)*

Attach plan for quarterly progress.

Teacher Signature for Quarterly Review: _____ Date: _____

3rd Quarter: *(Teacher of record and student will determine frequency of meetings)*

Attach plan for quarterly progress.

Teacher Signature for Quarterly Review: _____ Date: _____

4th Quarter: *(Teacher of record and student will determine frequency of meetings)*

Attach plan for quarterly progress.

Teacher Signature for Quarterly Review: _____ Date: _____

Presentation/Portfolio

This independent study will culminate in either a formal presentation to school staff or the completion of a portfolio. In the space below, enter the detailed outline of your presentation/items to be included in your portfolio. The outline will guide you and allow your evaluators to anticipate and understand each step of your presentation.

Reflection

What have you learned as a result of this study?

Evaluation

This page includes space for your evaluators to assess your project, product, and presentation.

EVALUATOR'S COMMENTS/QUESTIONS:

FINAL EVALUATION/RECOMMENDED GRADE:

(Option 3 – Pass/Fail)

Teacher of Record Signature: _____

Credit Flexibility Independent Study Course

Title of Course: _____

Date	Start Time	Activity	End Time	Total Time