

## 2022-2023 MCM *Connections* Quarter Credit Recovery Program Contract

65 Fording Place Road

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Phone: (845) 339-3000 Fax:382-6069

### ***Credit Recovery Agreement/Contract***

The *Connections* Quarter Credit Recovery Program provides students with an alternative method for completing courses required for grade completion. This program combines teacher directed instruction with the use of online courses offered by Apex Learning. Students will be enrolled in courses needed for credit recovery. They will work through the course at their own pace. This may allow the motivated student to complete classes faster in a flexible structure. Credit will be awarded for successful completion at 65% quality of work. A minimum of 1 class period during the day or one 2-hour LAB (Learning After the Bell), 3-5 pm session per week is required.

#### Program Requirements:

Attendance-All students will be scheduled during a Quest or LAB, 3-5 session. Failure to meet minimum attendance requirement may result in removal from program.

Course credit will be awarded for at least 65% quality of work.

In order to utilize credit recovery's full potential, students should work on the class at home.

Program Eligibility-All students are eligible to take Credit Recovery classes if the relevant members of the student support (guidance, administration, teachers, parents, social workers, psychologists) agree it is the best option for the student.

**\*\* Attendance and effort are required. Students may be removed from this program if it is recommended by an Apex Learning Coach, or they do not make weekly progress. \*\***

Please keep the first sheet as your own records. Detach and return to your child's guidance counselor.

We, student and parent/guardian agree to the conditions for participation in the Credit Recovery Program and have read and understood "Rules and Responsibilities" of Credit Recovery.

Print (legibly)

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

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Principal Signature: \_\_\_\_\_