



## FULTON COUNTY CREDIT RECOVERY (FCCR) CONTRACT

Contact your school's credit recovery facilitator with any questions and to determine how assessment unlocks occur.

**\*\* All fields are required. Please complete it in its entirety. \*\***

**Term/Year:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_ **Grade Level:** 9 10 11 12

**Student Name:** \_\_\_\_\_  
Last Name First Name Middle

**High School:** \_\_\_\_\_ **Counselor:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Do any of these apply to you?** ☐ IEP ☐ 504 ☐ ESOL ☐ ATHLETE

### STUDENT

The Fulton County Credit Recovery (FCCR) Program has been thoroughly explained to me, and all my questions have been addressed. I understand and believe that this program will support my educational needs. **Please initial each line below.** By signing this contract, I acknowledge:

\_\_\_\_\_ **I UNDERSTAND** that any credit recovery program enrollment is a privilege, not a right. As a class member, you must accept responsibilities and abide by the expectations and rules. These have been outlined below. Please read carefully **before** you sign this contract. You must always abide by the school's Code of Conduct, FCBOE Student Codes of Conduct, Dress Code, and local school rules. Your signature indicates that you understand and accept the responsibilities and penalties outlined below.

\_\_\_\_\_ **I UNDERSTAND** that the NCAA Eligibility Center will not accept **credit recovery courses** like Fulton County Credit Recovery (FCCR). **It is the responsibility of me and my family** to determine what courses are accepted/not accepted by colleges, scholarship committees, and the NCAA. Counselors approve courses which satisfy high school graduation requirements, but colleges, scholarship committees, and the NCAA may not approve some.

\_\_\_\_\_ **I UNDERSTAND** that if I am taking a Fulton County Credit Recovery course and I have not completed my course by the **end of the FCCR semester**, I will have to begin the course over again or gain credit by another means.

\_\_\_\_\_ **I UNDERSTAND** that I must meet weekly benchmarks to stay enrolled in the course. Fridays are reporting days.

\_\_\_\_\_ **I UNDERSTAND** that once I am enrolled in a course requiring an EOC, I must ensure my course is completed prior to taking the EOC. I also understand that once I am enrolled in an EOC course, I will be required to take the EOC during the term my credit recovery course has been completed.

\_\_\_\_\_ **I UNDERSTAND** that before any course is added, I must turn in this contract, signed and completed in its entirety. I also acknowledge that I must check my FCS emails and CANVAS inbox daily.

\_\_\_\_\_ **I UNDERSTAND** that if I am taking a Fulton County Credit Recovery course:

- **Module pre-tests:** Students will get only one attempt. The pre-test will determine the module coursework that opens. Based on your performance on the pre-test, coursework may open that must be completed.
- **Module Tests and Quizzes:** Students will have a maximum of three (3) attempts to earn a passing score. If a passing score is not reached by the third attempt, remediation with the virtual lab facilitator must occur before an additional attempt is given to earn at least 70%. This process continues until 70% is met.

\_\_\_\_\_ **I UNDERSTAND** that any violations of these policies will result in consequences assigned by the instructor and/or administration, including, but not limited to, instructor warning, instructor private detention, referral to administration, and possible dismissal from the Virtual Learning Lab.

\_\_\_\_\_ **I UNDERSTAND** that I will do my assignments to the best of MY ability, free from plagiarism, and be helpful and respectful to the teacher and other students while in class. I will use my time wisely, be positive, and produce quality work. I understand that copying and/or plagiarizing is considered cheating. My assignment will not be graded, and an honor code violation will be reported to my school's administration. Disciplinary consequences will follow as imposed by the school administration and following FCS Board Policy.

**STUDENT – Rewrite the following sentence:**

*I have read the above contract and accept my responsibilities, the rules, and the penalties. I understand that failure to abide by FCBOE policies and my assigned high school rules will result in disciplinary action and possible dismissal from the summer credit recovery program.*

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**Rewrite the following sentence:**

*I have read and understand that the NCAA Eligibility Center will not accept **credit recovery courses** such as Fulton County Credit Recovery (FCCR). It is my and my family's responsibility to determine what courses are accepted/not accepted by colleges, scholarship committees, and the NCAA.*

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**PARENT/GUARDIAN**

**I UNDERSTAND** that a vital component of participation and success in the Virtual Learning Lab is a high level of commitment by **BOTH** the student and parent/guardian. My signature below serves as my understanding and acknowledgment that I have read the above and will encourage my student to accept the responsibilities and abide by the rules to avoid penalties.

<p><b><u>NOTE TO STUDENT AND PARENT/GUARDIAN:</u></b> The NCAA Eligibility Center will not accept <b>credit recovery courses</b> like Fulton County Credit Recovery (FCCR)- Additionally, it is the student/family's responsibility to determine what courses are accepted/not accepted by colleges, scholarship committees, and the NCAA. Counselors approve courses that satisfy high school graduation requirements, but some of these courses may not be approved by colleges, scholarship committees, and the NCAA.</p>
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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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