



479 TOWNSHIP ROAD 1902
JEROMESVILLE, OHIO
44840

www.hillsdale.k12.oh.us

HILLSDALE PK-6
419-368-4364

HILLSDALE 7-12
419-368-6841

CENTRAL OFFICE
419-368-8231

Hillsdale Local School District Credit Flexibility

The Hillsdale Board of Education is committed to providing an educational experience that empowers students to tailor their learning to align with their interests, goals, and learning styles. Credit Flexibility is a valuable opportunity designed to enhance student engagement, increase access to diverse learning resources, and recognize multiple pathways for demonstrating mastery of course content.

This approach shifts the focus from traditional "seat time" to performance-based learning, allowing students to earn high school credit through an individualized, school-approved Credit Flexibility Plan. This initiative aims to equip students with the skills and knowledge necessary to meet the evolving expectations of high school graduation in an increasingly global, technological, and dynamic society.

Ways to Earn Credit Through Credit Flexibility:

Students may earn high school credit through one or more of the following methods:

1. Successfully completing coursework
2. Demonstrating mastery by testing out or completing a performance assessment
3. Engaging in an approved educational experience tailored to their learning objectives
4. A combination of the above options

Application & Approval Process:

Students interested in pursuing Credit Flexibility must adhere to all student scheduling deadlines and submit a written proposal outlining their intended learning plan. The Credit Flexibility Committee must review and approve this proposal at least 15 days before the semester begins.

The Credit Flexibility Committee includes:

- Building Principal
- Student's School Counselor
- A teacher from the relevant content area
- Parent/Guardian of the student applicant
- The student applying for Credit Flexibility

Each student must submit a detailed syllabus outlining the planned activities for the semester as part of their Credit Flexibility application. The committee will determine the most appropriate evaluation methods for assessing student performance.

Grading & Course Completion Requirements:

- Credit Flexibility courses will be graded and included in the student's transcript.
- A failing grade will be recorded if a student does not successfully complete an approved Credit Flexibility course.
- Students may be required to present and discuss their work before a panel of teachers and/or community members within the relevant field as part of their final course evaluation. In coordination with the Credit Flexibility Committee, this panel will determine the student's final grade.

Additional Considerations:

- Students are responsible for any fees, costs, or transportation associated with a Credit Flexibility course unless otherwise approved by the district.
- Credit Flexibility may be utilized as a gifted service option.
- Students must ensure compliance with all OHSA and NCAA eligibility requirements when applying for Credit Flexibility.

This policy reflects Hillsdale Local School District's commitment to fostering student-driven learning opportunities that prepare students for success in the 21st century.

Credit Flexibility Course Application Checklist

Before submitting your Credit Flexibility Application to your school counselor, ensure you have attached all the documents listed below. Incomplete applications will not be reviewed.



Required Documents:

- ☐ Written Proposal – A detailed plan outlining your Credit Flexibility course, including learning objectives and assessment methods.
- ☐ Syllabus & Timeline – A structured schedule of activities and coursework planned for the semester.
- ☐ Pre-Planning Reflection Form – Completed with thoughtful responses to demonstrate readiness.
- ☐ General Information Form – Filled out completely and signed by the student and parent/guardian.
- ☐ Credit Flexibility Course Details – Specific course details, including instructional methods, evaluation criteria, and resources.
- ☐ Parent/Guardian Acknowledgment Form – Signed to confirm understanding and approval of the Credit Flexibility plan.



Important Notes:

- All components of the application must be completed before submission.
- Applications must be submitted at least 15 days before the start of the semester in which the Credit Flexibility course will begin.
- The Credit Flexibility Committee will review and approve applications based on eligibility, feasibility, and alignment with graduation requirements.

For questions or additional guidance, please contact your school counselor.



Credit Flexibility Pre-Planning Reflection

Student Name: _____ Date: _____

Student ID Number: _____ Current Grade Level: _____

Credit Flexibility Semester: ☐ 1 ☐ 2

Credit Flexibility School Year: _____

Credit Flexibility allows Hillsdale students to earn high school credit outside of the traditional classroom setting. Before submitting a Credit Flexibility application, students should carefully consider their learning goals and expectations. Please take the time to discuss this option with your parents, school counselor, teachers, and mentors.

Pre-Planning Reflection

Please answer the following questions in detail. Attach additional pages if needed.

1. Why am I interested in pursuing Credit Flexibility?

(Explain your motivation for applying and how this opportunity aligns with your personal, academic, or career goals.)

2. What skills do I need to successfully complete this Credit Flexibility course?
(Consider academic, time management, organization, and independent learning skills.)

3. What do I plan to learn from my Credit Flexibility experience?
(Outline key learning objectives and how you will demonstrate mastery of the material.)

4. What types of experiences will this Credit Flexibility course involve?
(Describe hands-on, research-based, or performance-based activities included in your plan.)

5. How will I assess my own progress and success in this Credit Flexibility course?
(Explain how you will track your progress, evaluate your learning, and ensure completion of requirements.)

Credit Flexibility Acknowledgment

Please read each statement carefully. Initial each line to indicate that you understand and agree to the policies regarding Credit Flexibility.

___ I understand that if my Credit Flexibility proposal is accepted, I will earn a letter grade (A, B, C, D, F) for the course, and it will appear on my transcript, regardless of the final outcome.

___ Credit for my Credit Flexibility course will be granted at the end of the regular Hillsdale semester.

___ I understand that I may not drop a Credit Flexibility course after the drop date. Dropping after this deadline will result in a Withdrawal/Fail (W/F) on my transcript.

___ I agree to adhere to the same academic honesty rules in my Credit Flexibility course as in traditional classroom settings.

___ I have discussed with my school counselor how this flexible credit course may impact my ability to schedule future courses or meet graduation requirements.

___ I acknowledge that I must meet all attendance requirements outlined in my Credit Flexibility plan.

___ I accept responsibility for meeting all graduation requirements, including completing this course on time to remain eligible for senior graduation participation.

___ I understand that all fees, costs, and transportation associated with a Credit Flexibility course are my responsibility.

By signing below, I confirm that I have reviewed and discussed these statements with my parent/guardian. I understand the commitment I am making and agree to follow all policies set forth by Hillsdale Local School District.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Credit Flexibility Course Detail

Credit Flex Course Name: _____

Start Date: _____ Completion Date: _____

Progress Checkpoints

(Circle One)

☐ Every 2 weeks

☐ Every 4 weeks

☐ Every 6 weeks

☐ Other: _____

Check Point Dates:

1. _____

2. _____

3. _____

4. _____

☐ Yes ☐ No – A copy of my transcript is attached.

Adult Supervisor or Mentor: _____

(Cannot be a relative)

Method of Achieving Credit (Check all that apply)

☐ Completing coursework

☐ Online coursework through: _____
(Institution Name)

☐ Independent study

☐ Testing out of a course – Course Name & Level: _____

☐ Other – Please explain:

Explanation of Credit Achievement Methods

(Provide a detailed description of how you will earn credit in this course. Use additional pages if needed.)

Timeline of Activities and Checkpoints for Achieving Credit

(Provide a structured timeline outlining key milestones, activities, and progress checkpoints for your Credit Flexibility course.)

Assessment Methods

The Credit Flexibility Committee will determine the appropriate methods for assessing mastery of course content. Select a minimum of three assessment methods:

- ☐ Projects
- ☐ Tests/Quizzes
- ☐ Labs (*Required for lab-based courses*)
- ☐ Internship (*Requires presentation and portfolio*)
- ☐ Research Paper/Project
- ☐ Portfolio
- ☐ Final Exam (*Required for core courses*)
- ☐ Culminating Project
- ☐ Other (please specify): _____

Resources Requested from Hillsdale Local Schools

(List any materials, technology, or support needed from the district to complete your Credit Flexibility course.)

--

Support Services Requested

(Specify any accommodations or support services needed for students with an IEP or 504 Plan.)

--

Write an explanation of how my proposal meets the academic standards for the course.
(If assistance is needed in aligning the course with academic standards, please consult
a teacher in the content area or your school counselor.)

Parent/Guardian Acknowledgment for Credit Flexibility Proposal

To the Parent/Guardian of the student submitting a Credit Flexibility proposal:

Please review and discuss the policies outlined in the Credit Flexibility application with your student. By signing below, you confirm that you have read and understand the policies and expectations set forth by Hillsdale Local School District regarding Credit Flexibility.

Your signature also acknowledges that you relieve the school of any liability for your student during times when they are not required to be at school due to participation in a Credit Flexibility course, should their proposal be accepted.

Parent/Guardian Name: _____

Student Name: _____

Signature of Parent/Guardian: _____

Date: _____

Credit Flexibility Committee Approval

To be Completed by the Credit Flexibility Committee
Office Use Only:

Date Application Submitted: _____

Received by (School Counselor): _____

Credit Flexibility Committee Members

Principal: _____

School Counselor: _____

Teacher & Content Area: _____

Parent/Guardian: _____

Student: _____

Submission Status

- ☐ Approved
- ☐ Not Approved

If denied, reason for denial:

 *If a student's application is denied and they wish to resubmit, a new application must be submitted.*

Drop Date for Approved Flexible Credit Course: _____
(If not dropped by this date, failure to complete the course will result in a W/F.)

 Please attach all required artifacts for the course.

Notes:

(Use the space below for additional comments or considerations.)

Final Grade for Credit Flexibility Course: _____

Final Credits Earned: _____ Type of Credit Earned: _____

School Counselor Name: _____

School Counselor Signature: _____ Date: _____