CREDIT FLEXIBILITY - Individual Proposal Application

STUDENT INFORMATION

Student name (print): _____ Date: _____

School: _____ Student ID: _____

Current Grade: _____ Graduation Year: _____ Counselor: _____

Student Phone #: _____ Student Email: _____

Address: _____

Parent/Guardian Name: _____ Phone #_____

Other Information: Please circle yes or no to the following:

Are you on an IEP or 504?	Yes	No
Do you receive English as a Second Language services?	Yes	No
Have you passed all content areas of the Ohio State Test - End of Course Exams?	Yes	No
Do you intend to use Credit Flex for athletic eligibility?*	Yes	No

COURSE AND EXAM INFORMATION

Course Title: _____ **Desired Credit Value:** ○.25 ○ .5 ○1.0

Grading Option: ○ Letter grade ○Pass/Fail

Proposed Length of Course: ○ Semester 1 ○ Semester 2 ○ Full Academic Year ○ Summer

Proposed Credit Type: ○ English ○ Mathematics ○ Social Studies ○ Science

○ World Language ○ Technology ○ Health ○ Fine Arts ○ Physical Education ○ Other

Delivery Method: Description of how the student will learn required content. Check all that apply

○ Independent Study (IS) ○ Correspondence Course (CC) ○ Computer as Instructor (CI)

○ Home Instruction (HI) ○ Intern/Mentorship (IM) ○ Face to Face Classroom Instruction (FF)

○ Educational Travel (ET) ○ Interactive Distance Learning (ID)

○ Online Provider (OL): _____ Web address: _____

○ Other Delivery Method not specifically covered (OT): _____

Rationale for Credit Flexibility option and related selections above: _____

_____

ACADEMIC SUPPORT TEACHER INFORMATION

Each student is expected to have an Academic Support Teacher (AST) who will monitor student progress and be the teacher of record towards Credit Flex completion. The AST is expected to: have at least a bachelor's degree, have a certificate/license that is appropriate to the teaching assignment, be able to demonstrate subject area expertise in the core academic subjects (CAS) they teach, and be highly qualified in CAS for core academic credits requested. Credentialed teachers or credentialed educator professionals are allowable for non-core academic subject areas.

Teacher of Record _____ Certification Area: _____

Relationship: _____ Location: _____

Phone # _____ Email _____ CCS Employee: ○ Yes○ No

Briefly describe how progress will be monitored:

_____

STUDENT AND PARENT CREDIT FLEXIBILITY AGREEMENT

Student and parent/guardian initials and signatures required.

Student	Parent	
		It is understood that any grade earned through credit flexibility will be treated as a permanent grade on a student's transcript. Any grade changes would fall under the Grade Replacement policy.
		The student will hold primary responsibility for the overall success of the course and be expected to allocate and manage their time in working towards course completion.
		Failure to successfully complete Credit Flexibility requirements may result in an F on the student's final transcript.
		The student will be expected to independently fulfill the work required to complete the course by agreed upon due dates. Failure to complete could result in a failing grade.
		Using credit flexibility for core coursework may affect a student's ability to pass the state mandated assessments (End of Course State Tests) and graduate.
		The student will be expected to identify a Teacher of Record who will monitor progress towards Credit Flex completion and grade determination.
		The student will be expected to update parents and their Teacher of Record regarding their progress.
		The student's teacher and/or other school authorities have the right to cancel the credit flexibility option if the student does not regularly meet progress monitoring deadlines to complete the course.
		IB coursework is not available for the credit flexibility program.
		Weighted grade eligibility will be determined based on the rigor and thoroughness of the educational experience.
		The student has the right to appeal refusal of an application or being withdrawn from his/her credit flexibility option.
		Credit Flexibility may impact a student's athletic eligibility during high school and/or collegiate career. It is the student's responsibility to show quarterly progress to the Teacher of Record and ensure flexible credits earned are OHSSA eligible.
		Credit Flexibility does not meet NCAA eligibility requirements.

REQUIRED SIGNATURES: The student is expected to get all required signatures.

	Printed Name	Signature	Date
Student Applicant			
Parent/Guardian			
Teacher of Record			
Counselor			
Principal			
District Representative			

For Building Review Team

Application Approved: ○ Yes ○No **Rationale**: _____

CCS approved course? ○ Yes ○No **Course Name:** _____ **Course #** _____

Credit Value: .25 .5 1.0 **AST HQT/Certification:** _____

Grade Option: ○ Letter Grade ○Pass/Fail

Coursework due date: _____ **AST:** _____

For District Review Team

EMIS Subject Code: _____ EMIS Core Area of Credit: _____

CREDIT FLEXIBILITY – INDIVIDUAL PROPOSAL GUIDELINES

Students are expected to submit a detailed description of their project and attach it to their application. Students are expected to design their individual proposal around the state standards set for the course. The goal of the description is to provide a detailed outline of how the student will master course state standards and course content. **Proposals should be typed, double spaced, detailed and concise**. All Individual Proposals are expected to follow the format below and provide detailed answers to the questions.

1. **Student Information**: Name, Student ID, Current School, Current Grade, Graduation Year

2. **Course Information**: Course Title, Desired Credit Value, and Credit Type

3. **Rationale for Credit Flexibility**: Why has the student chosen this course for Credit Flexibility? How will learning be different through this experience versus the traditional setting? How does this option connect to the student's life and/or the larger world?

4. **Learning Goals**: What does the student expect to learn from this project? What essential questions will guide this project? How is the learning aligned with the state and CCS required learning standards for the course (include the specific learning standards)? (For district courses the student must prove and clearly define the link between their plan and the district curriculum)

5. **Action Plan**: What is the planned instructional method? How will the student go about meeting their learning goals? Where will the learning and related activities take place? What specific activities and actions will be taken throughout the project? What resources will be used to complete the project?

6. **Progress Monitoring & Demonstration of Learning:** How often will the student and teacher of record communicate? How will the student work with the Teacher of Record to monitor and support progress? How will the student document their learning? How will the student demonstrate mastery of learning goals?

7. **Assessment and Grading:** How will the student's learning be assessed? How will the grade be determined? What evidence/documentation will be used to support the grade determination

8. **Timeline/Schedule:** How will the student manage their time? What time of day/days per week, etc. will be devoted to the Credit Flexibility project? How much total time (in hours) will be devoted to the project? What portions of the project are expected to be completed by when?

9. **Other:** Other related information or detail.

Academic Support Teacher Agreement: Each individual proposal will require an Academic Support Teacher (AST). The AST must agree to work with the student and monitor student's progress throughout the project. They must also document and determine a final grade and/or be a part of the final grade determination committee. As a reminder, the AST must:

- have at least a bachelor's degree
- have a certificate/license that is appropriate to the teaching assignment
- Be able to demonstrate subject area expertise in the core academic subjects (CAS) they teach, and be highly qualified in CAS for core academic credits requested
- Credentialed teachers or credentialed educator professionals are allowable for non-core academic subject areas.

CREDIT FLEXIBILITY - ACADEMIC SUPPORT TEACHER AGREEMENT

Student Name _____ Student ID _____

School _____ Grade _____

Thank you for agreeing to serve as an Academic Support Teacher. Due to the independent nature of Credit Flexibility, it is important for students to have the support of caring educators. For core academic courses, the AST must be highly qualified and for non-core courses the AST must be a credentialed educator. As the Academic Support Teacher you agree to:

- Allow the student to meet with you periodically to discuss and support the student's independent progress in completing work, meeting goals and successfully learning material. The frequency of these support meetings must be mutually agreed upon by both student and AST.
- Sign the Student Progress log.
- Administer and grade the course exam or demonstration with the support of CCS Curriculum Coordinators and/or CCS Credit Flexibility coordinators (as needed) to determine a final grade.
- Enter the student's quarterly (required for student athletes) and/or final grade into IC within the district's specified grading window.

It is the responsibility of the student to do the work to succeed in the plan. The student is also expected to schedule the exam or presentation dates along with the academic support meetings on mutually agreed upon dates and times. The AST may provide feedback and advice during these meetings. Academic support meetings may occur face-to-face, by phone, email or other agreed upon communication methods and should not pose an undue burden on the teacher. Students are expected to complete work and their individual presentations independently. The AST evaluates the student's demonstration of knowledge to determine a final grade for the course along with the support of CCS curriculum coordinators (as needed). Contact and communication with the support teacher is to be documented by the student on the attached Student Progress log and signed by the AST prior to the scheduled presentation or exam. If the student does not complete all elements in the plan or is not successful in demonstrating the knowledge and skills needed, then the student will not earn the credit.

Please **check each box** as applicable:

○ I agree to serve as the Academic Support Teacher for the above student for the following:

Course _____ Credit Value _____

CF Type & Date: □ Exam and Demo: Date _____ □ Individual Proposal Presentation: Date: _____

○ I verify that I am a highly qualified teacher (core course) or credentialed educator (non-core course) and can support and evaluate this student's progress and demonstration of learning.

○ I am a CCS Teacher

○ I am not a CCS Teacher. Contact Information: _____

Desired level of CCS Curriculum Support: ○ongoing ○ grade determination ○ no support needed

Academic Support Teacher Name (print)_____

AST School _____ Certification Area _____

AST Email _____

ASTSignature _____ Date _____