

CREDIT FLEXIBILITY APPLICATION - LONG FORM

Distance Learning, Educational Travel, Independent Study, Internships, After School/Tutorial Program, or Community Service

2019-2020

Student Name: _____

Current Grade: _____ Expected Year of Graduation: _____

<u>Credit Flexibility Option</u>	<u>Content Area / Subject</u>	<u>Credit(s) Sought</u>
<input type="checkbox"/> Distance Learning	_____	_____
<input type="checkbox"/> Educational Travel	_____	_____
<input type="checkbox"/> Independent Study	_____	_____
<input type="checkbox"/> Internship/ Community Partnership	_____	_____
<input type="checkbox"/> After School / Tutorial Program	_____	_____
<input type="checkbox"/> Community Service	_____	_____

Resources requested from Fairfield City Schools to support this plan:

Resources requested from Fairfield City Schools to support an IEP/504 plan:

Progress Checkpoints: (Circle one) 3 weeks 6 weeks 9 weeks Other _____

- Three weeks
- Six weeks
- Nine Weeks
- Other: _____

Provide a rationale for this sequence of checkpoints. (This information will be reflected in Question #6, listed below, regarding the timeline for this credit flexibility option.)

To the STUDENT:

Please read the following statements and then initial next to the statements indicating that you have read and understand the policies related to Credit Flexibility.

I understand that:

_____ If my credit flexibility proposal is accepted, I will earn a numeric grade based on Fairfield High School's grading scale.

_____ The grade that I earn will appear on my transcripts.

_____ Credit will be granted at the end of the Fairfield City School District's grading period for all flexible credit courses.

_____ Weighted credit cannot be obtained through a flexible course.

_____ I may not drop a flexible credit course after the drop date without receiving a failing grade.
For a class lasting two semesters, this date is _____.
For a class lasting one semester, this date is _____.
(Established by Guidance Counselor)

_____ If I drop a flexible credit course after the drop date, I assume all financial responsibility associated with that course.

_____ Academic honesty rules apply just as they do in a traditional class setting.

_____ Many traditional classes are offered at various times throughout the year at Fairfield City Schools and I have discussed with my guidance counselor how the outcome of this flexible credit class will impact any traditional classes I subsequently take and/or my ability to schedule other courses.

_____ I must meet attendance requirements set forth by Fairfield City School District.

_____ I am not to be in the building during times that I am not scheduled for a traditional or Credit Flexibility class unless I have a scheduled appointment with teachers, counselor, or administrators regarding my flexible credit course.

_____ I am responsible to ensure that I have met graduation requirements by established deadlines to participate in senior graduation.

_____ I will participate in the traditional scheduling process with all students. The schedule of classes established during this process will not change until my credit flexibility proposal has been accepted.

_____ If my proposal is not accepted for a class, I will have one opportunity to make adjustments and resubmit. Additional efforts must be completed through the appeal process.

_____ Fees or costs associated with this credit flexibility option for the student: \$_____

_____ Payment should be made following the approval of a Credit Flexibility Plan and prior to the start of any course work.

Your signature indicates that you have discussed the above statements with your parents, understand the commitment you are endeavoring to make, and agree to the policies set forth by Fairfield City School District. Your signature also holds harmless the school of any liability during times in which you are not required to be at school due to this flexible credit proposal, should it be accepted.

Signature of Student

Date

To the PARENT / GUARDIAN:

Please read and discuss the above policies with your student. Your signature indicates that you have read the above statements and agree to the policies set forth by Fairfield City School District. Your signature also holds harmless the district of any liability for your son / daughter during times in which your student is not required to be at school due to this flexibility credit proposal, should it be accepted.

Signature of Parent

Date

I agree to abide by the conditions set forth in the Fairfield City Schools Credit Flexibility Procedures and Guidelines. I understand that if I do not complete or meet the requirements of the credit flexibility option, I will not receive credit for the course(s). I understand that I will be awarded a numeric grade based on Fairfield High School's grading scale for the credit flexibility option that will be reported on my transcript and factored into my GPA. No weighted grades will be awarded for credit flexibility. Pass/Fail options are not permitted for credit flexibility options. I understand that I am financially liable for all costs associated with the credit. I understand that I am responsible for completing the credit flexibility option on my own and recognize that I will not receive credit should it be determined that I violated any academic integrity guidelines set forth.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Teacher: _____ Date: _____

Administrator: _____ Date: _____

School Counselor: _____ Date: _____

Cc: Student / Parent/Guardian;
Guidance Counselor

August 1, 2012

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All of the definitions and explanations on this page should be used to complete the paperwork required for any credit flexibility option you intend to pursue. You may use additional sheets if required. Upon approval, the teacher of record will work more closely with the student in finalizing learning objectives, activities and assessment standards/rubrics.

Content Standards The content standards establish general expectations for each grade level, which have been set by the Ohio Department of Education and approved for each course at Fairfield High School. The competencies that you select will have some natural content and skills associated with them. Content standards can be viewed from the Ohio Department of Education website.

Activities These are the actions that you are planning to take to acquire essential knowledge. They can include end-of-course exams, distance learning, on-line education, post-secondary options, educational travel, independent study, internships, music/arts programming, after school programs, community service, work experience, sports, and/or other approved activities.

Assessment. Project. Presentation. Evaluation The Fairfield City School District will allow students to demonstrate mastery by completing a comprehensive examination (created locally, by the state of Ohio or nationally) covering essential knowledge and skills addressed in an equivalent traditional course, by presenting a performance or a portfolio of work demonstrating mastery knowledge and skills addressed in an equivalent traditional course or through a combination of these methods. The committee and student will decide what types of evaluation will be appropriate for the particular proposal.

Using additional paper, please respond to the following:

1. Each course should cover a series of benchmarks listed in the content standards for Ohio. List the benchmarks that you address during your credit flexibility option. (You may obtain a listing of benchmarks from the Curriculum Department of Fairfield City Schools or from the website of the Ohio Department of Education.)
2. What is your purpose for taking a credit flexibility class, and how does it relate to your future goals?
3. What prerequisite courses / additional experiences have you completed to prepare you to successfully experience this credit flexibility option?
4. Provide a detailed explanation of the methods for achieving credit.
5. List methods for demonstrating mastery for credit.
6. Indicate a timeline for achieving credit including checkpoints and completion. Be specific.
7. List anticipated costs associated with this plan.

OFFICE USE ONLY

Student Name: _____

Date Submitted: _____ Approved: _____ Denied: _____

Comments:

Date Resubmitted: _____ Approved: _____ Denied: _____

Comments:

Teacher of Record for This Credit Flexibility Course: _____

Final Grade for Credit Flexibility Course: _____ (Please attach all artifacts for the course)

Comments:

School Counselor: _____ Date: _____

Fees:	
This Credit Flexibility Plan is	_____ WITHIN the Normal School Day _____ OUTSIDE of the Normal School Day
Cost to Parent / Student (Completed by Guidance Counselor)	_____ None _____ Cost for the Course _____ Cost for Consumable Items _____ Total Cost for Parent / Student
Cost to FCSD (Completed by Administrator)	_____ Total Cost