

CREDIT FLEXIBILITY APPLICATION

Student's Name: _____ Current Grade: _____

Street Address: _____

Student ID: _____ Telephone: _____

B1. ENRICHMENT THROUGH EXPERIENCE OR PERFORMANCE **Student Proposal Procedures**

Description:

As a result of Ohio's core curriculum initiatives, students are given the opportunity to earn credit in methods that are considered nontraditional. The student proposal is one of these options. A student proposal is a creative option for students who want to earn credit for a class in a manner that is not traditionally offered from the school. The student proposal can be any proposal that meets the guidelines listed below.

Guidelines:

1. Student must meet all deadlines for application.
2. Student application must be complete and accurate in order to be considered for approval.

Procedures:

1. Student should complete the proposal form and return the form to the Guidance Office by February 15 of the year prior to the proposed experience or performance.
2. Student will meet with members of the district's credit flex team to explain the proposal and answer questions.
3. Once the plan is approved, the student may begin to work on the plan.
4. Students **MUST** explain how they will cover the standards and/or curriculum in the class. Students may view the current academic content standards on the Ohio Department of Education's web site (www.education.ohio.gov/Topics/Ohio-s-New-Learning-Standards).
5. Be sure you have a plan to demonstrate how you have covered the standards at the completion of your experience.
6. The more detailed you are in your documentation and recordkeeping, the less time your final approval will take.
7. Once your experience or performance has been completed, verification is due to the Guidance Office **NO LATER THAN** May 1 of the year for which you intend to receive credit.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

ENRICHMENT THROUGH EXPERIENCE OR PERFORMANCE

Experiences must reflect the scope, type, depth and content that *the course with which it is aligned* is intended to cover.

1. Which course do you intend for the experience or performance to replace? _____

2. Check the option for enrichment you would like to use:

<input type="checkbox"/>	Independent Study
<input type="checkbox"/>	Internship
<input type="checkbox"/>	Field Experience
<input type="checkbox"/>	Community Service
<input type="checkbox"/>	Service Learning
<input type="checkbox"/>	Educational Travel

3. What teacher and/or mentor do you propose to help guide your experience? _____

Contact Information (if applicable): _____

4. Describe your proposal:

5. How will you meet all of the standards for the course which you intend to replace?

ENRICHMENT THROUGH EXPERIENCE OR PERFORMANCE

This portion of the application is for office use only.

Routing:

1. Student submits application to Guidance Department.

Initials	Date
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2. School Counselor submits student proposal to Credit Flex Team.

Initials	Date
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3. Credit Flex Team reviews plan, approves or denies, and returns to School Counselor by March 15.

Initials	Date
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4. School Counselor notifies student of plan's acceptance or denial.

Initials	Date
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Student spends the year (or half-year) working on plan. Completed work and documentation is submitted to the Guidance Department by May 1 of the year for which he/she intends to receive credit.

1. Guidance Department forwards completed work to Credit Flex Team.

Initials	Date
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2. Credit Flex Team assigns credit, files student work and forwards information to Guidance Department.

Initials	Date
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3. Guidance Department forwards credit information to Guidance Computer Clerk for recording purposes.

Initials	Date
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4. School Counselor notifies student of grade.

Initials	Date
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Credit Flex Team Member Names: _____

Date of Review: _____

Does Credit Flex Team approve this plan? _____ Yes _____ No

If plan is not approved, please explain why and provide direction on how the plan could be improved.

Revisions must be submitted by: _____

For Office Use Only:

School Counselor's Signature _____ Date _____

CFHS Administrator's Signature _____ Date _____

