

PROPOSAL FOR FLEXIBLE CREDIT

Date: _____ *Date Received (Office Use Only)* _____

Student Name: _____ Grade: _____

1. The purpose of this plan is to (check one)

_____ Receive credit for an existing BCHS course

_____ Create a plan for a course not currently offered at BCHS

_____ Pursue a BCHS Board approved educational option

2. Name of Course _____

3. For what reason do you wish to pursue this option?

4. If approved, in which semester(s) will the plan be implemented?

5. If off-site instruction is involved, list name of instructor and site of instruction:

6. List any BCHS class(es) that would not need to be scheduled:

7. How many credits do you wish to earn upon successful completion of this option? _____

8. Which of the following do you propose to use to demonstrate mastery of this option? Semester and/or final exam(s) will be required for core courses – Mathematics, Science, English, Social Studies, and Foreign Languages. State adopted End of Course exam(s) may be required, depending on the course, but will not be part of the final grade.

_____ Portfolio

_____ Other (give a specific description)

9. On a separate page, in the order listed, please attach the following:

- A description of your assessment plan, including a list of local/state/national standards to be evaluated
- A plan to demonstrate mastery of each of these standards (including a complete description of any research paper, portfolio, assessments to be used, or projects)
- A timeline (progress will be monitored, if applicable, for athletic eligibility purposes)
- Assessment to be used to determine final grade, based on the Bloom-Carroll Board of Education adopted grading scale.

By signing, we agree to the following:

1. Enrollment in the flexible credit option will begin upon approval of this proposal, and all policies related to course passing/failing for Bloom-Carroll High School are in force.
2. We have received a copy of and understand the Bloom-Carroll Local School District policies and procedures on flexible credits.
3. By participating in this option, we accept full responsibility for this course replacing any coursework which may be involved in preparation for statewide test programs, college preparatory required curriculum, athletic eligibility, graduation, and other coursework which the student and parent opt to pursue through flexible credits instead of the regular classroom.
4. Student and parent are responsible for all financial costs necessary to successfully complete this option.
5. The consequences for failure to complete this plan may include denial of proposed credits, and/or rescheduling of required courses into the student schedule.
6. Grade as determined by the Review Team is a final grade and will be added to the student transcript and cumulative grade-point average.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Instructor (if applicable): _____ Date: _____