

## **FLEXIBLE CREDIT APPLICATION**

**Cover page is to be kept by the student and parent**

- A. Definition - Flexible credit is an educational activity involving the opportunity for a student to earn high school credit in an environment other than the regular classroom. This credit can be for either elective or required coursework.
- B. General Description - Flexible credit as an educational option is based on the recognition of the benefits that a student can gain by developing skills and knowledge as a self-directed learner. Flexible credit represents an individual approach which permits a student to pursue academic options beyond the scope and depth of the course of study offered by the school or school schedule, or to take place in lieu of regular classroom studies.
- C. Program Characteristics
1. Students should be self-directed and highly motivated.
  2. Flexible credits must be supervised in the manner approved by the school in the application process.
  3. Approval must be granted prior to work being done.
  4. Flexible credit offerings are dependent upon approval as determined by the Credit Flexibility Team (CFT) as set forth in the policies and procedures set forth by the Bloom-Carroll Local School District Board of Education and this application.
- D. Program Eligibility –
- Any student who has a plan for receiving credits by demonstration of mastery in a subject as evidenced by the terms approved by the school may apply for this option. Demonstration of mastery may include, but is not excluded to;
1. Paper/pencil assessment (national or local)
  2. Product/performance demonstration, such as a portfolio, created by the student and evaluated by a Highly Qualified Teacher, content expert, and/or certificated/licensed district staff.
  3. Other assessments as included in the attached application and/or approved by the CFT.
- E. Program Procedures
1. The student must complete the attached application and submit it to the Guidance Office by the dates stipulated on the application.
  2. The application must be complete on first submission. Failure to respond to all sections of the application shall be cause to deny approval.
  3. A team as designated by the policies and the building principal will meet to review the application.
  4. The application may be approved, approved with stipulations, or denied.

(Over)

- F. Standards - For flexible credits approved, the following standards will be followed:
1. The parent has approved participation for the pupil, and will accept all financial responsibilities.
  2. An instructional plan, including instructional objectives, activities, materials, environment, and assessment techniques and measures, has been submitted and approved prior to participation.
  3. Promotion, credit and retention decisions will be made in relation to student performance relative to the objectives of this option and as determined by the Bloom-Carroll Local School District policies on promotion and retention.
  4. Grades for the courses taken through the flexible credit option will be included in student cumulative grade-point average. Final grade to be determined using Board of Education approved grading scale.
  5. Date to submit for first semester or year-long credit, no later than May 1. Date to submit for second semester credit no later than December 15. Alternate dates may be accepted, based upon need, as determined by the CFT. However, no applications will be accepted for work already completed.

**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 may be required, depending on the course, but will not be part of the final grade.

\_\_\_\_\_ Portfolio

\_\_\_\_\_ Other (give a specific description) \_\_\_\_\_

(Over)

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 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 re-scheduling 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 \_\_\_\_\_

Date to submit for first semester or year-long credit, no later than May 1. Date to submit for second semester credit no later than December 15. Alternate dates may be accepted, based upon need, as determined by the Credit Flexibility Team. However, no applications will be accepted for work already completed.

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**FOR COMMITTEE USE ONLY**

**Flexible Credit Approval Form**

**A. Assessment Plan Attachments Checklist** - The following documents are attached (Check all that are applicable)

1. \_\_\_\_\_ Standards to be evaluated

\_\_\_\_\_ Local          \_\_\_\_\_ State          \_\_\_\_\_ National

2. Plan to demonstrate mastery

a. \_\_\_\_\_ Assessment(s)

Name(s) of Assessment \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_ Research paper

\_\_\_\_\_ Description of paper

c. \_\_\_\_\_ Portfolio

\_\_\_\_\_ Description of Portfolio

d. \_\_\_\_\_ Project

\_\_\_\_\_ Description of Project

e. \_\_\_\_\_ Other

\_\_\_\_\_ Description

3. \_\_\_\_\_ Timeline (Work will be monitored, as applicable, for athletic eligibility purposes)

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

4. \_\_\_\_\_ Assessments to be used to determine final grade

(Over)

The proposed flexible credit plan has been

\_\_\_\_\_ Approved

\_\_\_\_\_ Approved with amendments (see attached)

\_\_\_\_\_ Denied

Date of completion \_\_\_\_\_ (Failure to complete the proposed flexible credit plan by the assigned completion date may be cause for denial of credit)

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guidance Counselor \_\_\_\_\_ Date \_\_\_\_\_

Other signatures, as applicable:

Signature of Teacher of Record \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

**By signing, we stipulate that we have been notified of the decision of the flexible credit committee.**

If applicable, we agree to the amendments to the proposed plan.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**For Committee Use Only**

Final Grade \_\_\_\_\_

Credit Earned \_\_\_\_\_

Additional Comments, if applicable