

CREDIT FLEXIBILITY PROGRAM GUIDELINES

Return to your Completed Application and rationale to your school counselor

Program Cover Sheet

Credit Flexibility gives students an opportunity to earn graduation credit through non-traditional means. Credit may be earned by testing out/demonstrating mastery of course content OR pursuing one or more educational options (i.e. distance learning, educational travel, independent study, internship, etc.). **All activities must be preapproved before work can begin and credit can be awarded.**

Examples of **appropriate** credit flexibility requests:

- Taking a mixed-martial arts class for at least 60 hours
- Cycling as part of a team for a season
- Taking Ceramics 3 instead of a study hall
- Membership as part of a performing dance team

Examples of **inappropriate** credit flexibility requests:

- Going to Planet Fitness
- Babysitting
- Biking around the community

STEP 1 – Form Completion, Family Review & Family Approval

- Student and parent/guardian must discuss the merits of engaging in the Credit Flexibility program. If appropriate, the student must then complete the Credit Flexibility Application. Student will schedule an appointment with their school counselor to review the **completed** application (including a printed copy of the rationale in Step 4).

STEP 2 – Counselor Review & Approval

- Counselor reviews the **completed** application and initials the required areas of the application. Counselor then enters the student's information onto the Credit Flex GoogleSheet and forwards the application to the principal.

STEP 3 – Building Principal Review & Approval

- Building principal receives the application and schedules an appointment to meet with the applicant. Principal and applicant review the entirety of the application. The application is then **fully approved**, **conditionally approved**, or **rejected**. Upon full approval, the student makes two (2) appointments with the principal's secretary to review progress of the Credit Flex opportunity; one at the midpoint and one at the end.

****For PE applicants:** Students will contact the PE teacher handling credit flex verifications. Once receiving approval, students will take a fitness test at the beginning of the experience to establish baseline data. The PE teacher will also make and record (via the GoogleSheet) the first of three contacts via phone, email, or in person to verify the PE experience.

STEP 4 – Plan in Progress

- Begin work on Credit Flex opportunity as stated in the application and rationale. Any changes that occur from the established and agreed-upon plan must have approval from the principal. **Changes that occur without the knowledge of the principal will place the entire Credit Flex opportunity in jeopardy.**

****For PE applicants:** The PE teacher will make and record (via the GoogleSheet) the second of three contacts via phone, email, or in person to verify the PE experience.

STEP 5 – Completion of Plan

- **For everyone:** Meet with the building principal to review progress. Credit may be awarded upon conclusion of the final meeting where the "Credit" stamp is then affixed to the application.
- **For PE applicants:** Contact the PE teacher to make arrangements to take the post assessment fitness test to determine growth. The PE teacher will also make and record (via the GoogleSheet) the third of three contacts via phone, email, or in person to verify completion of the PE experience.

STEP 6 – Finalizing Records

- Application is returned to the student's counselor and kept in their Cumulative Record. Course is then added to the student's transcript.

Important Deadlines for Credit Flex Applications:

September 15: Fall semester requests **AND** full year course requests

December 15: Spring semester requests

May 15: Work occurring over the summer

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CREDIT FLEXIBILITY PROGRAM GUIDELINES

PART 1 - STUDENT INFORMATION		
Student first/last name:	Today's date:	Student's best email address to use:
Grade level during Credit Flex: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Student's <u>own</u> phone number:
Course Name:		Academic year for Credit Flex Application:
PART 2 - STUDENT ACKNOWLEDGEMENTS		
Students: Please read the following statements and then initial on each line indicating your understanding of each policy:		
<i>Initials:</i>		
1. The grade that I earn will appear on my final transcript as my final grade.		
2. Participation in the Credit Flexibility program may impact Athletic Eligibility according to OHSAA/NCAA guidelines. (NOTE: NCAA does NOT recognize the Test Out option of Credit Flexibility.)		
3. Educational Support Services/IEP accommodations need to be arranged by the student and/or parent(s).		
4. I am aware that I am responsible for any materials and/or costs associated with the Credit Flexibility Program.		
5. I am not to be in the building during times that I am not scheduled for a traditional class unless I have a scheduled appointment with staff regarding my credit flexibility course.		
6. I am responsible for meeting graduation requirements.		
7. Academic integrity applies just as it does in a traditional class setting.		
8. I must meet attendance requirements set forth by my plan.		
9. Credit will be granted at the end of regular BBHHS semesters for Credit Flex courses.		
10. I will <u>see</u> my counselor should I wish to discontinue pursuing this Credit Flex opportunity.		
11. I understand the Advanced Placement (AP) courses that are offered by BBHHS are not eligible for Credit Flexibility. Students may take the AP test in May for AP courses that are eligible for Credit Flexibility		
<i>I agree to the requirements of this Credit Flexibility plan. I understand that if I do not make adequate progress on proposed activities, I will be reassigned to a traditional course, online course, or other option determined by the district. If my educational option plan includes activities with an organization outside of school, I will adhere to the rules and expectations of that organization and understand that significant violations of those rules and expectations may result in the revocation of my Credit Flexibility plan and reassignment to another option at the district's discretion.</i>		
Signature of student:		
---For Office Use Only---		
<u>Receipt and approval routing:</u>		<u>Meeting dates:</u>
Received by counselor:		Initial:
Initial approval by principal:		Midpoint:
Credit awarded:		Final:

CREDIT FLEXIBILITY PROGRAM GUIDELINES

PART 3 – CREDIT FLEXIBILITY ACADEMIC PLAN									
Type of Credit Flexibility: <input type="checkbox"/> <u>Test Out:</u> See counselor for further detailed description. OR <input type="checkbox"/> <u>Independent Study:</u> Participating in a self-directed learning experience such as an internship, mentorship, independent study, online course, or other approved activity.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Time of year: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> All Year </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Credit value requested: <input type="checkbox"/> 1/4 credit <input type="checkbox"/> 1/2 credit <input type="checkbox"/> 1 credit </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> I have an Individualized Education Plan (IEP) or 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="width: 50%; padding: 5px;"> If yes, name of Case Manager: </td> <td style="width: 50%; padding: 5px;"> Case Manager initials: </td> </tr> </table>	Time of year: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> All Year		Credit value requested: <input type="checkbox"/> 1/4 credit <input type="checkbox"/> 1/2 credit <input type="checkbox"/> 1 credit		I have an Individualized Education Plan (IEP) or 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of Case Manager:	Case Manager initials:
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PART 4 - RATIONALE									
<p>A rationale needs to be attached to this application that further supports your request for Credit Flexibility.</p> <p style="text-align: center;">Rationales must conform to the following guidelines:</p> <ol style="list-style-type: none"> 1. Be double-spaced, typed, Times New Roman font, size 12 2. There is no page or word-count limit 3. <u>Must answer the following questions:</u> <ol style="list-style-type: none"> a. Why are you requesting Credit Flexibility? b. What adult will serve as your mentor while this course is in progress? c. Why is Credit Flexibility a better option than taking the prescribed course? d. What SMART (specific, measurable, achievable, realistic, and time-bound) goals will you accomplish when this Credit Flex opportunity is over? <ol style="list-style-type: none"> i. Click here to learn more about SMART goals e. What is your plan for covering the same academic standards of the course you're asking to be Flexed (for instance, PE has six academic standards that cover over 150 specific skills)? <ol style="list-style-type: none"> i. Click here for Ohio's Learning Standards f. How will you monitor your SMART goals in such a way that you can show progress and growth while this Credit Flexibility request is in progress? g. What happens if you do not attain your established SMART goals? 4. <i>*Special notes for students applying physical education (PE) credit flexibility:</i> <ol style="list-style-type: none"> a. <u>Students will participate in a fitness test at the beginning and end of the credit flex experience.</u> b. Students must provide proof of activity (letter from coach/supervisor, dates of classes, performance schedule, etc.) c. Activities will be verified by phone or in person by a SMFHS PE Teacher. Verifications will occur at the beginning, middle and end of experience d. Any activity must meet or exceed the 60 hours of PE that students would normally experience in school e. Students must explain how they will cover <u>each</u> of the six academic standards associated with PE. Click here for Ohio's Learning Standards for Physical Education 5. A printed copy of the rationale must be attached to this completed application 6. Rationale must be revised if answers to the questions above are unclear or unanswered 7. Supporting documentation can be attached if needed. 									
PART 5 – VERIFICATION NOTICE									
<p style="text-align: center;">To the verifying adult:</p> <p>Thank you for agreeing to work with this student! We ask that you take a moment to review his/her academic plan. If you are supportive of the plan and agree to work with him/her, please fill out the information to the right. Also, please note the following:</p> <ol style="list-style-type: none"> 1. You will be contacted by a member of our staff to verify that you have signed this form. 2. Contact will occur by phone, by email, or in person. 3. Contact will occur at the beginning, middle, and end of the credit flex experience. 4. Feel free to contact the high school with questions or concerns. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">Name of verifying adult:</td></tr> <tr><td style="padding: 5px;">Name of organization (if applicable):</td></tr> <tr><td style="padding: 5px;">Phone number:</td></tr> <tr><td style="padding: 5px;">Email:</td></tr> <tr><td style="padding: 5px;">Today's date:</td></tr> <tr><td style="padding: 5px;">Signature of verifying adult:</td></tr> </table>	Name of verifying adult:	Name of organization (if applicable):	Phone number:	Email:	Today's date:	Signature of verifying adult:		
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Phone number:									
Email:									
Today's date:									
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CREDIT FLEXIBILITY PROGRAM GUIDELINES

PART 6 – PARENT/GUARDIAN SUPPORT & AGREEMENT			
Parent/guardian name:		Today's date:	
Best email address for parent/guardian:		Best phone number for parent/guardian:	
<p>Please review this document with your child. Your signature indicates that you have read the above statements and agree to the policies set forth by BBHHS. Your signature also relieves the school of any liability for your son/daughter during times in which your student is not required to be at school due to this Credit Flexibility Plan, should it be accepted. I grant permission for my student to participate in this credit flexibility plan, including supporting his or her participation in any out-of-school activities described in the plan. I understand that the district will not be held liable for any injury or harm to my child that may occur while participating in or traveling to or from planned activities away from school or not under the direct supervision of district staff. I understand that if my child does not make satisfactory progress on planned activities, the district may revise the plan or reassign the student to another setting at its discretion. I also understand that if my child violates rules and/or professional expectations of external organizations sponsoring or hosting any activities described in this plan, he or she may be reassigned, at the district's discretion, to another setting.</p>			
Signature of parent/guardian:			
PART 7 – COUNSELOR SUPPORT & AGREEMENT			
Student's counselor: <input type="checkbox"/> Milano (9-10, A-K) <input type="checkbox"/> Baeslach (11-12, F-O) <input type="checkbox"/> Jonozzo (9-10, L-Z) <input type="checkbox"/> Drypolcher (11-12, P-Z) <input type="checkbox"/> Owens (11-12, A-E)		Counselor initials:	Today's date:
Does this application fulfill a graduation requirement? <input type="checkbox"/> YES <input type="checkbox"/> No			
<i>Initialing above means I have met with the student and reviewed their Credit Flexibility Application and its impact on their future course selections</i>			
Counselor notes:			
PART 8 – IN-PROGRESS & VERIFICATION NOTATIONS			
Dates:	Notes:		

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Are you ready for a credit flexibility opportunity?

A credit flex opportunity at Brecksville-Broadview Heights High School is a student owned learning opportunity that:

- Provides more choice and autonomy in deciding how, when and where students learn.
- Provides more options for individually suited pathways to post-secondary and career goals.
- Provides acceleration and convenience including more options for courses in the school schedule
- (especially for fitting in electives).

Students may earn credit through ONE of the following:

1. Demonstration of Mastery (see attached application)
2. Enrichment through Experience or Performance (see attached application)

Students who can answer affirmative to the following statements are ready for a credit flex course:

- ☐ I will follow the rules of Brecksville-Broadview Heights City Schools and the code of conduct while working on this credit flex opportunity.
- ☐ I understand that Brecksville-Broadview Heights City Schools cannot offer hardware or software support for my personal computer.
- ☐ I am the only one responsible for my own learning.
- ☐ I am able to manage my study time effectively and easily complete assignments on time.
- ☐ I am self-disciplined and find ways to set aside reading and homework time.
- ☐ When it comes to learning, I am a self-directed person.
- ☐ I am willing to follow the recommendations made by the committee approving my credit flex plan.
- ☐ I am willing to revise my credit flex plan according to the specifications of the committee.

CREDIT FLEXIBILITY PROGRAM GUIDELINES

If you have selected Enrichment through Experience or Performance on page one of the application as your method of achieving credit, please complete the chart below. You will find information to assist you with this activity at www.ode.state.oh.us (Click on “Teaching”, then “Instruction”, then select the academic area from the list on the left side of the screen that you are working in to identify the “New Learning Standards” for column one of the chart below).

You may also attach a course syllabus to your application, instead of completing the chart below, if you are taking a course through an accredited agency.

Ohio's New Learning Standards	Explain how you will demonstrate proficiency in this standard.	Explain how this standard will be measured.

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