

# CREDIT FLEXIBILITY PROPOSAL

## 2024-2025 Academic Year



DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ GRADE IN 2024-25: \_\_\_\_\_

PARENT/GUARDIAN NAME AND CONTACT INFORMATION:

\_\_\_\_\_

### REASON(S) FOR PURSUING THIS PROGRAM (Check all that apply)

<input type="checkbox"/> Early Graduation	<input type="checkbox"/> Parenting Responsibility	<input type="checkbox"/> Other (Specify below)
<input type="checkbox"/> Credit/Course Advancement	<input type="checkbox"/> Home Instruction	
<input type="checkbox"/> Transfer from Another School	<input type="checkbox"/> Health/Medical	

**Plan is for (check one). Each category requires a completed proposal or request. All forms can be found on the district website.**

\_\_\_\_\_ Create a Flex Plan for an existing Sylvania Schools course (Credit Flexibility Proposal)

\_\_\_\_\_ Create a Flex Plan for a new course (Credit Flexibility Proposal)

\_\_\_\_\_ Test out of a course (Test Out Request)

\_\_\_\_\_ Pursue a Sylvania Board Approved Educational Option (Educational Options Plan)

### COURSE INFORMATION:

COURSE TITLE: \_\_\_\_\_

CORE SUBJECT AREA/FIELD (e.g. physical science, fine arts, English): \_\_\_\_\_

COURSE DURATION: \_\_\_\_\_ All Year      \_\_\_\_\_ Semester 1 Only      \_\_\_\_\_ Semester 2 Only

AMOUNT OF COURSE CREDIT: \_\_\_\_\_

If an off-site provider is involved, list the location and name of the organization/provider:

\_\_\_\_\_

\_\_\_\_\_

**\*Per Ohio Department of Education and Workforce guidelines, credits earned through credit flexibility plan options, including the test-out option, are included on the official transcript in the same manner as traditionally-earned credits. Therefore, the results of all test-out options (subject and grade earned) will be included on the student's official transcript.**

STUDENT CONTRACT AND SIGNATURE PAGE:

I (student name) \_\_\_\_\_ understand the Credit Flexibility Option is an intensive process designed to allow me to work at my own pace to complete the assigned work.

STUDENT SIGNATURE: \_\_\_\_\_

The student and parent must initial each item below as an indication of having read and accepted the following:

Parent	Student	
_____	_____	The student will hold primary responsibility for the overall success or failure of the Course.
_____	_____	The student will be expected to allocate an average of _____ hours per week working toward the completion of this course.
_____	_____	The student will be expected to meet with the teacher of record at least _____ time(s).
_____	_____	The student understands that all credit flex classes must be added and dropped according to board policy.
_____	_____	The teacher reserves the right to remove the student from the course (withdrawn with penalty) for issues involving plagiarism, copyright violation, multiple submission, or other forms of academic dishonesty.
_____	_____	The teacher’s decision regarding a withdrawal from the course with penalty may be appealed to the principal according to board policy.

Student Signature	Date
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Parent Signature	Date
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Signature of Teacher of Record/Supervising Teacher	Date
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Signature of Superintendent or Designee (Building Administrator)	Date
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For office use only

CREDIT FLEX COMMITTEE

Date:

☐ Approved

☐ Not Approved (Reason)

PLAN FOR ASSESSMENT TO RECEIVE CREDIT AND GRADES

Attach additional sheets if necessary

Student Name: \_\_\_\_\_

Plan Title: \_\_\_\_\_

District Course or Graduation Requirement Being Met: \_\_\_\_\_

Brief Description of Activities, Materials, and Course Requirements (e.g. registration and course fee, books, computer, inside/outside of school day)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Learning Expectations and/or State/National Standards to be Evaluated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluative Criteria and Methods for Determining Grade and Credit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Credentialed Educator Who Will Evaluate the Learning: \_\_\_\_\_

Credit to Be Awarded Upon Successful Completion: \_\_\_\_\_ Weighted: \_\_\_\_ Yes \_\_\_\_ No

Anticipated Start and End Dates: \_\_\_\_\_