

SPRINGFIELD LOCAL HIGH SCHOOL

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Application for Credit Flexibility

(This application must originate with a Guidance/Administrative student conference)

Student name _____ Grade _____ School YR _____

Mailing Address _____

Parent/Guardian Contact Information _____

Contact Information: Phone _____ Birth Date _____ Participation Fee _____

(Parents & students may incur costs associated or related to accreditation, supplies, etc... outside of the school's capacity to provide qualified instruction or assessment)

Administrator/ Guidance Signature _____ Conference Date _____

Educational Options:

The student proposal must be in accordance with academic content standards put forth by the State of Ohio in that subject area and demonstrate how those objectives will be met. Course content, assessment instruments or elements of measurement shall be established to explain how subject area competency or mastery is to be achieved.

_____ Post secondary coursework (Dual Credit, CHS, **PSEO including SB 140- due by 3/31**)

_____ MCEC Unlimited Classroom is Springfield High Schools approved On-Line Provider

_____ Test-out or General Coursework at SLHS

Ed Op Choice associated with "test out or the general coursework" mechanism or procedure:

_____ Performance-based (when applicable)

_____ Collaborative internship with local business, teacher or non-profit organization (service learning)

_____ Research based project _____ Research paper _____ Portfolio of work

Access:

This policy does not in any way prohibit access to on-line education, postsecondary options or services from another district approved by the board.

Action Plan:

Name and contact information of organization and/or individual(s) to support proposed credit learning activity:

Student Request Option: (on a separate sheet of paper attach a detailed type written response to the following questions)

- 1) Explain why the educational option of choice is more appropriate for achieving your educational goals than course offerings at SLHS?
- 2) Explain how you will meet the academic content standards as set forth by the Ohio Department of Education for the educational option course selection in question?
- 3) Please include any other information you wish the Credit-flexibility committee to consider in your proposal?

(Student Signature) I _____, understand the Independent Study/Credit Flexibility Option is an intensive process designed to allow me to complete the assigned work within required timeframes. The student and parent must initial each item below as indication of having read and agreeing to the following:

Parent Student

_____ _____ The student is expected to allocate an average of 1 hour of every school day to work toward the completion of this course.

_____ _____ The student is expected to allocate an average of _____ hours per week working toward the completion of this course. The student is expected to meet with teacher at least _____ time(s) per week.

_____ _____ The student will actively engage with the teacher of record to complete any and all course objectives for each respective 9 week period and provide written documentation of progress.

_____ _____ The student will hold primary responsibility for the overall success or failure of the course.

Check here if student is completing a course previously attempted _____

Explanation/Comment: _____

Course and Section Number _____ Credit _____

Course duration: All Year ____ Semester 1 ____ Semester 2 ____ Summer School ____ (Fees may apply)

The student will have until _____ to complete the course or the student may be withdrawn with penalty from the course.

The student's teacher and/or other school authorities may cancel this course/credit option, with penalty if: (1) the student violates rules and/or policies outlined in the SLHS Student Handbook; (2) the student does not regularly and actively engage with the teacher and course material on a regular basis. Dates and time specified: _____ or (3) the student does not make steady progress toward completion of the course.

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

Parent Student

_____ The student must complete all online AS WELL AS offline/other work assigned by the due date stated by the teacher and/or university or the student may be withdrawn with penalty from the course.

_____ The Instructor reserves the right to remove the student from the course (withdrawn with penalty) for issues involving plagiarism and copyright violation.

_____ The Principal/Teacher decision regarding denial or withdrawal from the course may be appealed to the Superintendent. A letter outlining the reason(s) for the appeal must be received by the Superintendent within 10 calendar days following notification of denial or withdrawal.

Approved _____ Denied _____ Date _____

SIGNATURES:

Student _____ Date _____

Parent _____ Date _____

Guidance Counselor _____ Date _____

Instructor _____ Date _____

Principal _____ Date _____

Final Completed Course Letter Grade: _____ or notice of withdrawal from course:

WITH penalty _____ (CHECK ONE) School Year: _____

Teacher must provide rationale below.

Notice of Withdrawal from course WITHOUT penalty _____

SIGNATURE: Teacher of Record _____

DISTRIBUTION: _____ Student/Parent (mail home) _____ Guidance Counselor
_____ Teacher of Record _____ Principal _____ Permanent Record

Revised 11/10/10