

**South Euclid-Lyndhurst Schools**

**Application for Credit Flexibility Proposed Learning Plan (PLP)**

**Student Information:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID# \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Initial here for verification of Valid and Current Acceptable Use Policy is on file

**Reason(s) for Application (Check all that apply):**

\_\_\_\_\_ Early Graduation \_\_\_\_\_ Enrolled in PSEO \_\_\_\_\_ Health/Medical

\_\_\_\_\_ Home Instruction \_\_\_\_\_ Credit Course Advancement \_\_\_\_\_ other

**Course Information:**

Course Title: \_\_\_\_\_ Teacher of Record: \_\_\_\_\_

Start Date: \_\_\_\_\_ Projected Completion Date for Course: \_\_\_\_\_

Course Duration: \_\_\_\_\_ Summer \_\_\_\_\_ Semester I \_\_\_\_\_ Semester II \_\_\_\_\_ Both Sem.

Amount of Course Credit: \_\_\_\_\_ .25 \_\_\_\_\_ .50 \_\_\_\_\_ .75 \_\_\_\_\_ 1.0

Type of Credit: \_\_\_\_\_ Pass/Fail \_\_\_\_\_ Letter Grade

**Check here if student has attempted to previously complete a course related to this credit** \_\_\_\_\_

**Explanation/Comment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



3. Each course has a series of benchmarks and/or learning standards that are addressed throughout the class. Please explain how your proposal meets each of the benchmarks for this course (Benchmarks are available via the ODE website).

**Assessment/Final Project/Evaluation** Just as with a traditional course, students may not drop a flexible credit course after the drop date.

Progress Checkpoints (circle one):      3 weeks      6 weeks      9 weeks      other \_\_\_\_\_

What is your timeline for achieving credit (be specific)? \_\_\_\_\_

What is the agreed upon assessment and what are your proposed methods for demonstrating mastery for earning your credit (you must select at least (3) three)?

\_\_\_\_\_ Project (s)

\_\_\_\_\_ Test/Quizzes

\_\_\_\_\_ Performance Indicators

\_\_\_\_\_ Lab (must be selected if a lab based course)

\_\_\_\_\_ Internship

\_\_\_\_\_ Research Paper/Project

\_\_\_\_\_ Portfolio

\_\_\_\_\_ Final Exam

\_\_\_\_\_ Presentation

\_\_\_\_\_ Culminating Project

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Resources/Supports:**

Resources requested of Charles F. Brush High School:

Support Services (IEP or 504) requested of Charles F. Brush High School:

\*\*\*\*\***Office Use Only**\*\*\*\*\*

**To be completed by BHS Administrator or Counselor**

**Please attach all artifacts for the course**

Date Application Submitted: \_\_\_\_\_ Received by \_\_\_\_\_

Application Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Application Denied: \_\_\_\_\_ Denied by: \_\_\_\_\_

Reason for denied application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Grade for Flexible Credit Course: \_\_\_\_\_ Date posted to Transcript: \_\_\_\_\_ By \_\_\_\_\_

Additional Notes:

**Letter of Commitment and Understanding for Participation in the**

**SEL Charles F. Brush Credit Flexibility Option**

I, (student signature) \_\_\_\_\_ am interested in pursuing the Credit Flexibility Program during this academic year.

I understand the PLP/Credit Flexibility Option is an intensive process designed to allow me to work at my own pace to complete the necessary work.

I know that the South-Euclid-Lyndhurst City Schools allows credit flexibility options as a means of meeting the diverse instructional needs of students with different talents, interests and developments. All such options must be aligned with the district's educational goals and objectives. These options are expected to meet the content, concepts and skills of the course competencies established by the district.

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

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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 one (1) hours of every school day to work toward the completion of this course.

\_\_\_\_\_            \_\_\_\_\_ The student's teacher and/or other school authorities have the right to cancel this course/credit option if: 1) the student violates any rule/policy stated in the Student Handbook; 2) the students does not regularly and actively engage with the teacher and course material; or 3) the student does not make steady progress toward completion of the course.

\_\_\_\_\_            \_\_\_\_\_ The student assumes all financial and transportation obligations.

\_\_\_\_\_            \_\_\_\_\_ The instructor reserves the right to remove the student from the course with penalty for issues involving plagiarism and copy right violation.

\_\_\_\_\_            \_\_\_\_\_ The student and parent understand there are NO WEIGHTED GRADES for credits earn through PLP/Credit Flexibility.

\_\_\_\_\_            \_\_\_\_\_ The teacher decision regarding a withdrawal from the course may be appealed to the Principal.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_