Credit flexibility applies to any coursework, assessment or performance completed outside of traditional PLSD course offerings. If a student is using credit flexibility to receive transcripted credit, he/she must receive approval from the Credit Flexibility Committee prior to starting any credit flex experience. Credit awarded through this process will be posted on the student’s transcript and count toward a student’s grade point average, class rank, and as graduation credit in required subject areas or as an elective. The district will include details of the Credit Flexibility Policy on the district website and in the High School Course Description Guide. The district will maintain a web-based library of approved credit flexibility projects to assist students in developing their proposals. http://www.pickerington.k12.oh.us

Considerations:
- Academic content areas taught in Pickerington Local Schools are aligned to the district and state curricula and support student performance on the Ohio Graduation Test and college entrance exams. All Credit Flexibility Educational Options must align to district and state curricula to receive credit.
- Students may use the Credit Flexibility Educational Options proposal to propose an existing PLSD course or a course not offered by the district. Students must include a comparable scope and sequence to be considered for this option.
- Credit flexibility may impact a student’s athletic eligibility just as any traditional course would.
- All costs associated with Credit Flexibility, including transportation, are at the student and parent/guardian’s expense.
- Students may apply for Credit Flexibility options through Eastland Fairfield CTC. This plan must be coordinated with the Eastland-Fairfield CTC Credit Flexibility committee. Credit is transcripted by the Pickerington Local School District; therefore students must complete the form below specifying this option.
- Credit flexibility is available to students in grades 7-12. Students below grade nine may be accelerated per the district’s student acceleration policy (IKEB), in any given subject in order to participate in credit flexibility for high school credit.

Applications:
- Any student may apply for credit to be awarded through Credit Flexibility by submitting this form to his or her school counselor. All required information must be provided. The student may be required to provide additional information as determined by the Credit Flexibility Committee.
- Applications for Educational Options must be received by December 1 or May 1 to correspond to the appropriate grading period.
- Applications will be returned within 30 days with a designation of approved, approved with revisions, or denied. Students will have 30 days to re-submit revisions. If the application is not revised, it is considered void.

Application Review Process:
- Applications will be reviewed at each high school by the Credit Flexibility Committee, which will include the student and parent. Upon approval of the proposal, the student may commence with the learning activity and credit will be awarded when the requirements have been fulfilled and the evaluator deems the work proficient.

Awarding Credit:
- There is no limit to the total number of credits that may be awarded.
- The completion of approved courses will result in credit being designated as fulfilling either required or elective credit toward graduation requirements.
- If a student transfers to PLSD and the student has not completed course requirements as approved by the previous district, the principal/designee may consider this an ongoing Credit Flexibility plan. The plan may require adjustments to meet PLSD requirements.
- Should a PLSD student transfer to another school district, upon request of the student or parent the district will forward a copy of the approved application to the new district for consideration. Acceptance of the plan is at the district’s discretion.
- PLSD will accept all credit completed for Credit Flexibility from other districts.
- Student athletes must maintain at least 5 credits per semester for OSHAA eligibility and must provide their school counselors with interim and nine-week progress forms.
Credit Flexibility Application

1. Student Information

Student Name_________________________________ Grade_________ ID_________

Student Phone #___________________________ Student e-mail_________________________________

Parent/Guardian Name_________________________________ Parent Phone #_______________________

Answer the following questions by indicating yes or no regarding your credit flexibility request.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will this decision impact your OHSAH athletic eligibility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will this decision impact your NCAA athletic eligibility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will this decision impact your grade placement or graduation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you on an Individualized Education Plan (IEP) or 504 plan?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered yes to any of these questions please explain:

____________________________________________________________________________________
____________________________________________________________________________________

2. Course Information

Course Title_________________________________________ Credit(s)______ Academic Year_______

Content Area in which Credit Flexibility is requested: (check one)

☐ Art
☐ Business
☐ Computer Sciences
☐ English Language Arts
☐ Family Consumer Sciences
☐ Foreign Language
☐ Math
☐ Performing Arts
☐ Industrial Technology
☐ Science
☐ Social Studies
☐ Health or Physical Education

Course Type

• Individual Educational Options Proposal - Complete all sections of the Individual Student Credit Flexibility Plan and return to school counselor by the published deadlines. The student assumes all costs associated with this option.

Project Start Date:______________________ Project End Date:______________________

I am taking the course for a (check one) ☐ transcripted grade or ☐ pass/fail (ONLY Music, Art
and PE may be taken for pass/fail)
3. **Credit Flexibility Method. Check all that apply.**
   - [ ] College Class or Other Coursework
   - [ ] Post Secondary Educational Options (PSEO)
   - [ ] Online learning (please include syllabus from provider)
   - [ ] Internship
   - [ ] Mentorship
   - [ ] Other (explain in detail)

List the name and contact information of the organization and/or individual mentor supporting your credit flexibility plan. Please include Mentoring Agreement with application.

Name: ___________________________________________ Organization: ___________________________________________

Phone: ___________________________________________ E-mail: ___________________________________________

**Educational Options - Individual Student Credit Flexibility Plan.**

Please complete sections 4-7 on a separate sheet and attach to this form.

4. **Learning Goals**
   What will I learn?
   Resource: Ohio’s academic content standards

5. **Action Plan**
   Activities and action you will take to accomplish the learning goals. What exactly will you be doing? Will you work with a mentor or other adult on the project? What is that person’s role? Where will you do this project/experience?

6. **Assessment**
   How will I demonstrate and document I have learned the curriculum?
   Examples include projects, presentations, written assignments, performance or task, or other demonstration of proficiency.

7. **Timelines**
   What are the major deadlines and when will the plan be completed?

8. **Student and Parent Contract**
   The student and parent have **read and initialed** each item below as indication of acceptance:

<table>
<thead>
<tr>
<th>Student</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student is responsible for the success of this course.</td>
<td></td>
</tr>
<tr>
<td>The student will allocate and manage time and resources toward course completion. No school personnel will monitor progress.</td>
<td></td>
</tr>
<tr>
<td>The student will independently fulfill the work required to complete the course.</td>
<td></td>
</tr>
<tr>
<td>The student will update parents regarding progress.</td>
<td></td>
</tr>
<tr>
<td>The student must complete all work by the due dates agreed upon in this plan.</td>
<td></td>
</tr>
<tr>
<td>Student athletes will provide interim and nine-week grade progress forms to the school counselor.</td>
<td></td>
</tr>
</tbody>
</table>
9. Course Completion Timeline

- Academic Year
- Semester One Only
- Semester Two Only
- Summer
- Other ________________________

Beginning Date: ________________________ Completion Date: ________________________

I have reviewed Credit Flexibility options and understand creating and implementing the plan is my responsibility. I understand that any grade earned under this option will be a permanent grade on my transcript.

Student’s signature: ________________________________ Date: ________________

Parent’s signature: ________________________________ Date: ________________

Counselor’s signature: ________________________________ Date: ________________

ADMINISTRATIVE REVIEW OF CREDIT FLEXIBILITY REQUEST

- Approved
- Denied
- Approved with the following revisions (must be returned within 30 days):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Team Members:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Principal’s Signature: ________________________________ Date: ________________