



Cloverleaf Local Schools

8525 Friendsville Road

Lodi, Ohio 44254

Telephone: (330) 948-2500 - 722-1515 - 336-7855

Fax: (330) 948-1034

Daryl Kubilus, Jr.
Superintendent

Robert E. Hevener
Curriculum Director

Mary Workman
Treasurer

Application for Credit Flexibility

This application must originate in GUIDANCE with Counselor/Student conference

Counselor Signature _____ Date _____

STUDENT INFORMATION

Student Name: _____ Grade: _____ Year of Graduation: _____

Address: _____ City: _____ Phone: _____

Parent/ Guardian Name: _____ Phone: _____

Address (if different than student) _____ City: _____

COURSE INFORMATION

Course Title: _____ Teacher of Record: _____

Should the student be assigned to the Content Teacher for regular attendance? _____ Yes _____ No

If yes, specify: Trimester(s) _____ I _____ 2 _____ 3 _____ Day(s)/Period(s) _____

Course duration: _____ Summer _____ Trimester 1 _____ Trimester 2 _____ Trimester 3

Amount of Course credit: _____ School Year: _____

I agree to abide by the conditions set forth in the Learning Agreement and understand that if I do not complete the attached project, I will not receive credit for the course listed above. I understand that without this credit I may not be able to graduate and must start/continue to attend and pass all my classes to help ensure that I graduate on time.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Mentor/Supervising Teacher: _____ Date: _____

School Administrator: _____ Date: _____

Counselor: _____ Date: _____

ACTION PLAN

Description of what student will do to earn this credit (check all that apply)

Credit Through Examination Online Coursework Performance Portfolio
 Internship Summer learning activity Advanced Placement Exam
 Private Instruction Independent Study Correspondence Courses
 Community Service Learning Other

Name _____

Address: _____ Phone Number _____ of
organization and/or individual(s) to support your proposed credit earning activity.

STUDENT CONTRACT

Student explanation of goals and statement of commitment:

I, (student signature) _____,
understand the Independent Study/Credit Flexibility Option is an intensive process designed to allow me to work
at my own pace to complete the assigned work.

SIGNATURES/ROUTING

Student _____ Date _____

Parent _____ Date _____

Guidance Counselor _____ Date _____

Department Chair _____ Date _____

Instructor of Record _____ Date _____

Principal _____ Date _____

(Distribution copies made and distributed through Principal's Office - Original to Guidance Secretary)

NOTES:

DISTRIBUTION:

ORIGINAL—Guidance Secretary
 Student/Parent
 Counselor

Teacher of Record
 Principal's Office
 Permanent Record

A. Competencies/ Goals

B. Essential Questions

C. Content/ Skills:

D. Activities:

E. Assessment, Final Project, Presentation, Evaluation:

F. Grading Option: