



Diocese of Steubenville  
Office of Christian Formation and Schools  
**Form K**

**WRITTEN CREDIT FLEXIBILITY PLAN**

Student's Name \_\_\_\_\_ Date of Plan \_\_\_\_\_

School/City \_\_\_\_\_

Grade \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of option (check):

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Distance learning    | <input type="checkbox"/> Internship  |
| <input type="checkbox"/> Educational travel   | <input type="checkbox"/> Tutoring    |
| <input type="checkbox"/> Independent study    | <input type="checkbox"/> Testing out |
| <input type="checkbox"/> Other, specify _____ |                                      |

a. Written instructional plan (use separate sheet of needed)

1. Course content \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Learning outcomes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Learning activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Student will demonstrate proficiency

Pupil performance appraisal:

a. The grade will be determined by: \_\_\_\_\_  
*(Teacher of Record)*

b. **Assessment Instruments(s) or Educational Program To Demonstrate Proficiency:**

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c. **Minimum Threshold Needed To Award Credit:**

1). \_\_\_\_% on assessment stated in b) above **OR**

2). \_\_\_\_ score on rubric stated in b). above **OR**

3). \_\_\_\_% completion of performance stated in b) above **OR**

4). \_\_\_\_ score on an established testing instrument stated in b) above..

5). **Other listed below:**

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5. **Credit proficiency evidence is due (date)** \_\_\_\_\_

a. **Benchmark date(s) for reporting progress** \_\_\_\_\_

**What is to be produced in terms of demonstrating progress?** \_\_\_\_\_

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b. **Benchmark date(s) for reporting progress** \_\_\_\_\_

**What is to be produced in terms of demonstrating progress?** \_\_\_\_\_

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c. **Benchmark date(s) for reporting progress** \_\_\_\_\_

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6. **Number of credit(s)** \_\_\_\_\_

**Subject(s) for which credit is being granted:** \_\_\_\_\_

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7. Teacher of record: \_\_\_\_\_

Area of Certification \_\_\_\_\_

Certification expiration date: \_\_\_\_\_

8. If the work is not completed or does not meet the minimum threshold proficiency; the school reserves the right to do one of the following:

- a. award partial credit;
- b. place student in a traditional classroom;
- c. give the student an F for the course.

9. \_\_\_\_\_ applies \_\_\_\_\_ does not apply

Mechanisms to meet OHSAA (Bylaws 441,448) and/or NCAA eligibility requirements:

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

10. \_\_\_\_\_ applies \_\_\_\_\_ does not apply

The student assumes all costs associated with a proposed Credit Flexibility Plan. The following costs are to be assumed by the student.

Please list \$ \_\_\_\_\_ for \_\_\_\_\_

11. \_\_\_\_\_ applies \_\_\_\_\_ does not apply

If the Credit Flexibility Plan involves activity that takes place away from the school, such as an internship, the Credit Flexibility Plan will **not** be approved nor can the student begin implementing the Credit Flexibility Plan until a liability waiver, signed by both the student's parent(s) or guardian(s) is attached to this Credit Flexibility Plan.

We understand and agree to the above Credit Flexibility Plan. We also understand that any modification or revision of this Plan requires the signatures of all the individuals who signed this Plan.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Teacher of Record \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

