

## Credit Flexibility Plan (CFP) Application

Credit Flexibility Plans (CFPs) are educational experiences where the primary acquisition of knowledge and skills takes place outside of Springboro High School's (SHS) classrooms. These opportunities may include but not be limited to: independent study, private instruction, performing groups, internships, community service, apprenticeship, work study, online courses, PSEO, and correspondence courses.

*Electronically* complete this application in detail. Print one copy, initial the student checklist and gather the appropriate signatures. Attach any additional documentation you feel will clarify your proposal. This completed application must be submitted directly to the principal or his/her designee.

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_ **Subject Area:** \_\_\_\_\_

**CFP Type: (check one)** \_\_\_\_\_ **Learning-based** \_\_\_\_\_ **Assessment-only**

**Level of Course Credit (check one):** \_\_ **General** \_\_ **CP** \_\_ **Honors** \_\_ **AP\***

**Do you currently have an approved IEP?** \_\_ **Yes** \_\_ **No**

**Number of Credits To Be Earned:** \_\_\_\_\_ **Weighted Credit:** \_\_ **Yes** \_\_ **No**

**School Counselor Signature\*\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*AP courses must include College-Board approved instruction.

\*\*Counselor signature indicates verification of academic standing, NOT CFP approval.

### **Background:**

**Is this your first CFP?** Have you already earned CFP credit for another project/learning experience? Explain.

**Why do you want to participate in this CFP?** Explain.

**What are the personal learning goals which you hope to achieve through this opportunity?** Explain how this will be a valuable learning experience for you.

**Project Proposal:**

**What is your proposed learning experience?** Describe the project/learning experience in detail.

**What SHS competencies will you achieve through this learning experience?** Explain. If your CFP will address more than one SHS course or content area, be certain to distinguish between the separate course competencies.

**Will you be utilizing a private institution or mentor to complete your learning?** As it applies, attach documentation of accreditation of the program, a course syllabus, and instructor/mentor credentials. Please include a letter from your instructor/mentor stating that he/she understands and agrees to the role they will perform in this process.

**What assistance do you expect from your mentor?**

**What assistance do you expect from SHS?**

**What materials, supplies, and resources will you use?**

**What is your tentative timeline and completion date for this learning experience:** Break down your project into small timeframes (weeks, months, etc). What measurable outcomes will be expected at each check-in point? Weekly measures are required for students participating in extra-curricular activities.

**How do you plan to demonstrate your learning?** Learning-based CFPs must check at least four (4). See “Guidelines for CFP Final Evaluation.”

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| <input type="checkbox"/> Core Competency         | <input type="checkbox"/> Panel Presentation  |
| <input type="checkbox"/> Course Grade            | <input type="checkbox"/> Portfolio           |
| <input type="checkbox"/> Demonstration           | <input type="checkbox"/> Project or Artifact |
| <input type="checkbox"/> Learning Log            | <input type="checkbox"/> Research Paper      |
| <input type="checkbox"/> Mentor Final Evaluation | <input type="checkbox"/> Writing Assessment  |

*Not applicable, Assessment-only CFP requested.*

**To the STUDENT:**

Please read the following statements and then initial next to the statements, indicating that you understand the policies.

I understand that:

- \_\_\_\_\_ I understand the Final Evaluation Guidelines specific to my type of CFP plan.
- \_\_\_\_\_ The grade that I earn will appear on my transcript and will be calculated in my GPA.
- \_\_\_\_\_ Credit will be granted at the end of the SHS academic semester and/or school year for all CFPs.
- \_\_\_\_\_ Weighted credit is only available for CFPs demonstrating advanced-levels of rigor.
- \_\_\_\_\_ AP courses must include College Board approved instruction to be included on my high school transcript.
- \_\_\_\_\_ I may not “drop” a CFP after the drop date listed in the SHS Program of Studies without approval of the Principal. I understand that this may result in a zero on my transcript.
- \_\_\_\_\_ Academic honesty rules and Springboro Student Code of Conduct rules apply just as they do in a traditional class setting.
- \_\_\_\_\_ Many traditional classes are offered during select semesters at SHS. I have discussed with my guidance counselor how the outcome of this CFP will impact my enrollment into subsequent traditional classes, including applicable percentage grade minimum requirements for some advanced courses.
- \_\_\_\_\_ I must meet the attendance requirements set forth by my plan.
- \_\_\_\_\_ I am not to be in the building during times that I am not scheduled for a traditional class unless I have a scheduled appointment with teachers, counselors, or administrators regarding my CFP.
- \_\_\_\_\_ I am responsible for meeting graduation requirements.
- \_\_\_\_\_ I am responsible for ensuring that I have met established deadlines to participate in senior graduation.
- \_\_\_\_\_ I am responsible for maintaining my academic eligibility for extra-curricular activities.
- \_\_\_\_\_ There are specific regulations governing academic eligibility for NCAA Division I and Division II schools. I have reviewed those guidelines and am aware of eligibility issues that may arise from participating in a CFP.
- \_\_\_\_\_ I recognize that a CFP course may not match the academic standards for SHS and may not adequately prepare me for subsequent courses.

Your student signature indicates that you have discussed the above statements with your parents, understand the commitment you are making, and agree to the policies set forth by SHS.

**Student Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**To the PARENT/GUARDIAN of the student submitting a CFP:**

Please read and discuss the above policies with your student. Your signature indicates that you have read the above statements and agree to the policies set forth by Springboro High School. Your signature also relieves the school of any liability for your son/daughter during times in which your student is not required to be at school due to this CFP, should it be approved.

**Parent/Guardian Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_