

Student Last name, First name, MI

Form B – Action Plan

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

- Test or assessment Coursework Internet- based learning
- Field experience Mentorship Internship
- Summer learning activity Independent study Project-based learning

Name and contact information 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.

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

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 1 hour of every school day to work toward the completion of this course.
- _____ _____ The student will be expected to meet with teacher at least _____time(s).
- _____ _____ The student will have until _____ to complete the course or the student may be withdrawn with penalty from the course.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; or (2) the student does not make steady progress toward completion of the course.

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

Parent Student

- _____ _____ The student- must complete all online AS WELL AS offline/other work assigned by the due date stated by the teacher or the student may be withdrawn with penalty from the course.
- _____ _____ The Instructor reserves the right to remove the student from the course (withdrawn with penalty) for issues involving plagiarism and copyright violation.
- _____ _____ The teacher decision regarding a withdrawal from the course may be appealed to the principal. A letter outlining the reason(s) for the appeal must be received by the Principal within 10 calendar days following notification of withdrawal. The Principal's decision on the appeal is final.

Administrative Approvals

1. Reviewer name(s): _____
2. Date completed packet received from student: _____
3. (If applicable) Exam to be administered by: _____
 On: (date) _____
 Exam administrator notified: (Date) _____
4. (If applicable) Portfolio or performance to be evaluated by: _____
 On: (date) _____
 Portfolio reviewer(s) notified: (Date) _____

NOTES: