

Monongalia County Schools Virtual Credit Recovery Application Summer Session 2020

June 1 – July 30, 2020

Date: _____

Part I: To be completed by Student/Parent/Guardian (please print)

Student's Name _____
Last First MI

WVEIS # _____ Current Grade Level 9 10 11 12 Counselor _____
Circle one

Parent's/Guardian's Name _____

Address _____ City/State/ZIP _____

E-mail Address _____ Student Cell Phone _____

I wish to enroll in the class below which I failed during _____ First Semester _____ Second Semester

Percent grade of course failed: _____ School Official Initials _____

To be eligible to participate in *Credit Recovery*, students must have at least a 40% average for the course they wish to recover

***No student may take more than two(2) ½ credit courses without principal's approval**

_____ English 9	_____ Math I	_____ World Studies
_____ English 10	_____ Math II	_____ US Studies
_____ English 11	_____ Math III	_____ Civics
_____ English 12	_____ Biology	
_____ Health	_____ Earth and Space Science	_____ Other _____

Part II: To be completed by Counselor (Transcript must be attached)

____ Student is a twelfth grader who will graduate if the credit is recovered successfully during this summer session.

____ Transcript is attached which verifies the appropriate course/semester enrolled for credit recovery

____ If student has an IEP, please check and complete Part III. _____

Counselor Signature

Date

Part III: Special Education (Student presently has an active IEP.)

_____ MI (Please see _____ for registration.)

_____ LD (area of difficulty) _____

_____ Behavioral Disorder _____ Other, specify _____

I, _____, understand I am being afforded the opportunity to recover credit in classes which I previously failed. Upon successful completion of the virtual course work the credit and grade will be added to my transcript. The previous failing grade will remain on the transcript.

- Any absences must have permission from administrator.
- I understand this is a self paced course but I must make adequate progress to remain in the course and complete the course.
- I understand a facilitator is available for my assistance and I will consult with them on a regular basis to make certain I am making successful progress.
- I understand I must do my own work. Cheating of any type may result in loss of this and future opportunities in CR.
- I must be punctual for all sessions, remain on task, and follow all rules set out by the facilitator.
- Discipline problems will not be tolerated. If I am removed for any reason, I will not have the opportunity to participate in this program again.

Student Signature

Parent/Guardian Signature