## Crawford Central School District Credit Recovery Application

Student Information				
Student's Name:				
School:			Grade:	
Date of Birth:			Gender:	
Address:				
City/State/Zip Code:				
Student's Phone:				
Student's Email:			@craw.org	
Guidance Counselor:				-
Student Support Plan				
My child has an IEP	Yes	_No		
My child has a 504 Plan	Yes	_No		
Case Manager:				
Parent Information				
Parent/Guardian's Name:				
Relationship to Student:				
Parent's Phone:				
Parent's Email:				
Course Requests (to be com	pleted with gu	idance	counselor)	

- 1. \_\_\_\_\_
- 2.\_\_\_\_\_
- 3. \_\_\_\_\_

## Crawford Central School District Credit Recovery Program

## **Student Expectations and Responsibilities**

- Participate in weekly meetings with the teacher.
- Complete all required assignments according to pacing guidelines.
- Communicate with guidance counselors and nurses, as needed.
- Follow policies and procedures of CCSD and the Credit Recovery Student Handbook.
- Develop a work area that is conducive to learning. This could include working at the public library.
- Participate in online tutoring or discussion sessions, provided by the teacher, if needed.
- Return any materials or equipment provided for the credit recovery class.
- Check school email for communication about the program.
- Read and abide by CCSD Policy 815 Acceptable Use of Internet, Computers, and Network Resources.
- Read and abide by CCSD Policy 249 Bullying/Cyberbullying.

## Parent/Guardian Expectations and Responsibilities

- Develop a daily regular schedule.
- Guide students with assignments and activities, as needed.
- Ensure all components are completed.
- Check email for communication about the program.
- Return phone calls or emails with teacher or guidance counselor in a timely manner.

I have read and agree to the expectations and responsibilities of the Credit Recovery Program.

I have read and agree to the Credit Recovery Student Handbook.

Student Signature

Date

Date