

Credit Recovery/Credit Extension Contract

Date: _____

School: _____

Student Name: _____ Grade: _____

D.O.B. _____ SK Learning ID/DEN: _____

Teacher Name: _____ Class Name/Code: _____

Final Mark: _____ Number of Missed Classes (as displayed on report card): _____

To be completed by student

I, _____, agree to participate in the opportunity to
(student name)

credit recovery extension _____
(choose one) (class name)

Reason for Request:

My due date for all required course work (assignments, exams, projects, etc.) is _____.
(mm/dd/yyyy)

I understand that if I do not complete the course work to a satisfactory level, by the above deadline given, I will not receive credit for this class through credit recovery/extension.

Signature

Date (mm/dd/yyyy)

To be completed by subject area teacher

Course work expectations: (complete missing assignments, work on specific outcomes, etc.). Please be specific and include applicable due dates for each task as well as the format of delivery.

Student Signature

Parent Signature

Teacher Signature

Administrator Signature

To be completed at the end of the recovery/extension

Was the credit recovery process successful? Yes No

Final Mark: _____

Was the mark change recorded in SDS? Yes No

****Forward final documentation to Superintendent of Education***