

## Credit Recovery and Credit Extension Plan

Date: \_\_\_\_\_

School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SK Learning ID/DEN: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Class Name/Code: \_\_\_\_\_

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

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### *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)

***\*Forward plan to Superintendent of School Operations with progress report attached.***

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***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

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***To be completed at the end of the recovery/extension***

Was the credit recovery process successful?       Yes       No

Was the credit recovery process completed within 30 days?      Yes      No

Final Mark: \_\_\_\_\_

Was the mark change recorded in SDS?       Yes       No

***\*Forward final documentation to Superintendent of School Operations with updated progress report attached.***