

Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF  
EDUCATION**

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Dr. Henry Webb, Superintendent of Schools

**KCSD ISSUE PAPER**

**DATE:**

November 19, 2018

**AGENDA ITEM (ACTION ITEM):**

Receive New Administrative Procedure 08.1131 AP.22 "Curriculum and Instruction: Alternative Credit Options"

**APPLICABLE BOARD POLICY:**

01.51 "Administrative Procedures"

**HISTORY/BACKGROUND:**

Due to the increase in the number of high school students who are pursuing alternative credit options, this procedure was developed to support the implementation of the revised board policy.

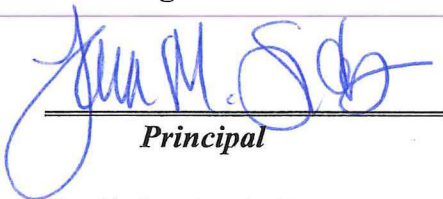
**FISCAL/BUDGETARY IMPACT:**

\$0.00 at the district level.

**RECOMMENDATION:**

**CONTACT PERSON:**

Martha Setters, Assistant Superintendent of Curriculum and Instruction, Tara Sides, Director of Reducing Barriers for Learning

  
Principal

  
Director

  
Superintendent

*Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.*

*Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.*

**Kenton County Board of Education**

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Joshua Crabtree, Esq. Carla Egan Jessica Jehl

"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"



**Performance-Based Learning Contract**

The student agrees to the following Expectations of the Performance-Based Learning Program:

1. Develop a daily schedule to meet weekly goals assigned by the program coordinator.
2. Be on time for all scheduled meetings.
3. Log on daily and actively make progress in his/her coursework.
4. Meet or exceed the individualized weekly goals set forth by the program coordinator in the weekly updates.
5. Communicate with the program coordinator any questions, concerns, status changes, quiz/test retakes, etc. to ensure congruency between the program coordinator, the student, and/or parent/guardian.
6. Respond to phone or email communication from the school within 24 hours.

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Notes:

As the parent/guardian of a student in the Performance-Based Learning Program, I agree to:

- Partner with the school in the success of my child.
- Monitor my child's implementation of his/her daily schedule and progress toward weekly goals.
- Participate in progress review conferences at least once per semester at the school or more frequently if determined by the Principal.
- Be available to the school so information about my child's progress can be shared and respond to messages within a reasonable amount of time (preferably one business day).

The best way to communicate with me about my child's progress is:

Phone (Please call this number): \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_

The best time of day to reach me is: \_\_\_\_\_

Notes:

**Performance-Based Learning Contract**

The Performance-Based Learning Program agrees to the following:

- Communicate regularly with the parent and student about progress and weekly goals.
- Be available during school hours for questions and academic support.
- Respond to emails and phone calls within a reasonable amount of time (preferably one business day).
- Participate in a progress review conference at least once per semester at the school or more frequently if determined by the Principal.
- Support social/emotional services if applicable.

Social/Emotional Services? ☐ Yes ☐ No

**Type of Social/Emotional Service (Circle all that apply):**

Small Group Sessions

Scheduled Sessions with School Counselor

KTP

School-Based Mental Health Provider

Mental Health Provider Outside of School

Please explain how the student will continue receiving his/her school-based services:

If a student receives services through an outside provider:

Frequency: \_\_\_\_\_ Provider: \_\_\_\_\_

Consent to share on file: Yes ☐ No ☐

Notes:

*If at any time, the Principal determines the student is not being successful as a Performance-Based Learning student, the Principal may take corrective measures which may include removal of the opportunity to participate in the Performance-Based Learning Program and a return to the regular school day.*

By signing this contract, all parties agree to the stipulations in the document and will follow accordingly.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name of Coordinator/Administrator

\_\_\_\_\_  
Coordinator/Administrator Signature

\_\_\_\_\_  
Printed Name of Administrator

\_\_\_\_\_  
Administrator Signature

**Performance-Based Learning Contract****WEEKLY CHECK-IN SCHEDULE**

Frequency (Daily, Weekly, etc.)	Check-In Type (Email Progress Report, Phone, Scheduled Time at School, etc.)	Other

**WHO TO CONTACT:*****Performance-Based Learning School Coordinator***

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

*Contact the Performance-Based Learning School Coordinator for questions about Edgenuity and how it works, student academic support, troubleshooting, and questions about progress. Expect to receive a weekly report, generate by Edgenuity, which reviews progress in classes.*

**Any other questions or concerns, contact:**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

***\*\*Once the contract is complete, make a copy for all parties, send a copy to the District PBI designee, and complete the only PBI form.***