

KIRTLAND LOCAL SCHOOLS - CREDIT FLEXIBILITY OPTION
PENDING NOTIFICATION

Name: _____

Date of Review: _____

Reviewed by Credit Flex Team Members:

1. _____

3. _____

2. _____

4. _____

Issues /Concerns

Follow up meeting requested with Credit Flexibility Team.

Please contact the principal to schedule day/time/date.

Please provide the following information

Principal/Designee

Date

Counselor

Date

Distribution

- _____ Student/Parent
- _____ Counselor
- _____ Teacher of Record
- _____ Credit Flex Team