

MICHIGAN MERIT CURRICULUM

PERSONAL CURRICULUM FOR STUDENTS WITH AN IEP



Personal Curriculum Development Materials

The parent, legal guardian or student who is 18 or older may request a personal curriculum that modifies certain requirements of the Michigan Merit Curriculum. The materials in this document include forms, checklists, and resources to assist educators, students, and parents to understand and use the personal curriculum option.

Version: 1.28.2008

Acknowledgement:
This document was adapted from a version that was initially created by the
Newaygo County Regional Educational Service Agency

REQUEST FOR PERSONAL CURRICULUM FOR STUDENTS WITH AN IEP		Local School District or School Building Information should go here.
Date of Request:		

STUDENT INFORMATION- <i>(Complete all sections)</i>			
Name of Student:			Grade:
Name of Parent/Guardian:		DOB:	
Requested By:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Student (18 or older)		Home Phone:
Anticipated Graduation Date:		School:	Counselor:

MODIFICATION REQUEST- <i>Select what area(s) to Michigan Merit Curriculum are in need of proposed modification(s)</i>	
English Language Arts - 4 Credits <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12	Mathematics - 4 Credits <input type="checkbox"/> Algebra 1 <input type="checkbox"/> Geometry <input type="checkbox"/> Algebra 2 <input type="checkbox"/> Additional Math Related Credit
Science - 3 Credits <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry or Physics <input type="checkbox"/> Additional Science: _____	Social Studies - 3 Credits <input type="checkbox"/> World History/Geography <input type="checkbox"/> US History/Geography <input type="checkbox"/> Economics <input type="checkbox"/> Civics
Physical Education & Health - 1 Credit <input type="checkbox"/> PE <input type="checkbox"/> Health <input type="checkbox"/> Online Learning Experience - 1 Credit	Foreign Language - 2 Credits <small>(Beginning with Class of 2013)</small> <input type="checkbox"/> _____ <input type="checkbox"/> Visual, Performing, or Applied Arts - 1 Credit

SIGNATURES			
Requested By:		Date:	
Received By:		Date:	

The student's Personal Curriculum (PC) will be reviewed annually in conjunction with the student's Educational Development Plan (EDP)

Eligibility for Use of Personal Curriculum (PC) Modification <i>(For Office Use Only)</i>	
A personal curriculum may be appropriate for a student who has demonstrated one or more of the following:	
<input type="checkbox"/>	Ability in a specific skill area consistent with a career pathway and/or a post-secondary goal or plan as determined by the EDP that requires additional or specialized instruction when there are limitations in time available for elective opportunities.
<input type="checkbox"/>	Ability to succeed in accelerated or advanced math, science, English language arts, or world languages.
<input type="checkbox"/>	Desire to complete math requirements, including the first half credit of Algebra II, through CTE or other programs.
<input type="checkbox"/>	Eligibility for special education services and a documented need to make modifications determined to be necessary because of the student's disability.
<input type="checkbox"/>	Lack of progress on the MMC despite documented interventions, supports, and accommodations for a student with an IEP.

Personal Curriculum Timeline/Process for Students with an IEP

Local School District or School Building Information should go here.

PROCESS OVERVIEW

The Michigan Merit Curriculum requires that the student earn credits in the subject areas listed below in order to graduate from high school. Credits are earned when the student demonstrates competencies in content expectations in the given subject areas. The law allows certain modifications of these credits and/or expectations through the development of a personal curriculum. A personal curriculum team will meet to determine eligibility.

KEY TERMS

EDP=Education Development Plan
IEP=Individual Education Plan
MME=Michigan Merit Exam
MEAP=Michigan Education Assessment
PC=Personal Curriculum

MMC = Michigan Merit Curriculum
HSCE = High School Content Expectation
ACT = The ACT test assesses high school students' general educational development and their ability to complete college-level work.

PERSONAL CURRICULUM PROCESS

1.	<input type="checkbox"/>	PC is requested by a parent/legal guardian, emancipated minor or student 18 years of age or older..
2.	<input type="checkbox"/>	Counselor schedules the PC Development Team (PCDT) committee meeting to consider request. Timelines will be determined by individual districts. A. Identify team members. (must include at least counselor, parent/guardian, student) B. Send notice of meeting to PCDT.
3.	<input type="checkbox"/>	Staff collects documents for review at the PCDT meeting. (See list of documents on PC Eligibility Determination form)
4.	<input type="checkbox"/>	PCDT meets to review necessary documents to complete Personal Curriculum Eligibility Determination form.
5.	<input type="checkbox"/>	If student not eligible for PC, paperwork goes to the superintendent for documentation.
6.	<input type="checkbox"/>	If student eligible for PC, the PCDT develops a PC that is aligned with the student's EDP, incorporates as much of the MMC content expectations as practicable for the pupil, and includes measurable goals and methods of evaluating student achievement of these goals.
7.	<input type="checkbox"/>	PC is agreed to in writing by student, parent/legal guardian at the meeting
8.	<input type="checkbox"/>	PC is sent to the superintendent or designee to either approve or disapprove the plan. The PC must meet as much of the MMC as possible and must include measurable goals and a method of evaluation.
9.	<input type="checkbox"/>	Appropriate staff implements approved PC including evaluation of student achievement of PC goals.
10.	<input type="checkbox"/>	Student progress is monitored quarterly by parents.
11.	<input type="checkbox"/>	Revision to a PC may be made using the same process as the original PC.

	PERSONAL CURRICULUM ELIGIBILITY DETERMINATION FORM FOR STUDENTS WITH AN IEP	Local School District or School Building Information should go here.
	Today's Date:	

1. STUDENT INFORMATION			
Name:		DOB:	
School:		Date of PC Request:	
Current Grade:			

2. SOURCES OF EVALUATION INFORMATION	<i>(Check each document used to determined eligibility for the personal curriculum and attach the data that supports the recommendation)</i>		
<input type="checkbox"/>	EDP (career goals or pathway, educational training goals, plan of action)		
<input type="checkbox"/>	IEP Information	Date of Current IEP	Eligibility Area(s)
<input type="checkbox"/>	IEP accommodations/modification		
<input type="checkbox"/>	Current IEP goals/objectives		
<input type="checkbox"/>	History of goals/objectives in the deficit area that demonstrates an inability to meet grade level course expectations		
<input type="checkbox"/>	ACT Plan/ACT Explore/ACT Compass		
<input type="checkbox"/>	Attendance/behavioral records		
<input type="checkbox"/>	Curricular assessments		
<input type="checkbox"/>	Grades		
<input type="checkbox"/>	MEAP/MME scores		
<input type="checkbox"/>	Teacher Input		
<input type="checkbox"/>	Course of Study		
<input type="checkbox"/>	Other (specify)		

3. FINDINGS:	<i>(Check Ineligible or Eligible)</i>
<input type="checkbox"/>	INELIGIBLE <i>(Proceed to SECTION #4)</i>
<input type="checkbox"/>	ELIGIBLE <i>(Check eligible curricular areas below, sign document indicating participation, and complete a Personal Curriculum Plan)</i>
<input type="checkbox"/>	English Language Arts
<input type="checkbox"/>	Mathematics
<input type="checkbox"/>	Science
<input type="checkbox"/>	Physical education & Health
<input type="checkbox"/>	Foreign Language <small>(Beginning with Class of 2013)</small>
<input type="checkbox"/>	Online Learning Experience
<input type="checkbox"/>	Visual, Performing, or Applied Arts

4. PC TEAM MEETING PARTICIPANTS IN ATTENDANCE	<i>(Signature indicates participation)</i>
Student	
Parent/Guardian	
Parent/Guardian	
Counselor/Designee	
School Psychologist/Designee <i>(Only for special education students)</i>	
Other	
Other	

	ENGLISH LANGUAGE ARTS PERSONAL CURRICULUM PLAN <i>(Only available to special education eligible students)</i>	Local School District or School Building Information should go here.
	Date:	

1. STUDENT INFORMATION- *(Complete all sections.)*

Name:	DOB:	Current Grade:
School:	Counselor:	

2. MMC CREDIT AUDIT- *(Check which credits have already been earned & enter date of completion. 4 credits are required.)*

<input type="checkbox"/> Grade 9 Completed:	<input type="checkbox"/> Grade 10 Completed:	<input type="checkbox"/> Grade 11 Completed:	<input type="checkbox"/> Grade 12 Completed:
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3. MMC ENGLISH LANGUAGE ARTS CREDIT MODIFICATION *(List or describe)*

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4. CREDIT MODIFICATION REQUESTED- *(Check & date when modification was completed)*

<input type="checkbox"/> Grade 9 Completed:	<input type="checkbox"/> Grade 10 Completed:	<input type="checkbox"/> Grade 11 Completed:	<input type="checkbox"/> Grade 12 Completed:
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5. PERSONAL CURRICULUM- *List the expectations to achieve & indicate the method of evaluation for each expectation.)*

#	Expectation	Evaluation Method
1.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
2.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
3.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
4.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
5.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
6.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
7.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
8.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
9.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
10.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
11.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
13.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

5. PERSONAL CURRICULUM- <i>(Continued from page 1)</i>		
#	Expectation	Evaluation Method
14.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
15.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
16.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
17.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
18.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
19.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
20.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
21.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
22.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
23.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

6. ADDITIONAL COMMENTS:	

7. COMMITTEE MEMBERS' SIGNATURES- <i>(Signature indicates participation)</i>	
Student	High School Counselor/Designee
Parent/Guardian	Parent/Guardian
School Psychologist/Designee	Other

8. DISTRICT AGREEMENT		9. PARENT AGREEMENT	
<input type="checkbox"/>	I approve this personal curriculum plan.	<input type="checkbox"/>	I agree to the PC plan.
<input type="checkbox"/>	I deny this personal curriculum plan.	<input type="checkbox"/>	I disagree with the PC plan.
Signature of Superintendent/Designee and Date		Signature of Parent and Date	
Actual implementation date (Month/Day/Year)		OR the first day of the	school year.

Parent shall request quarterly updates from student's teachers.

	MATHEMATICS PERSONAL CURRICULUM PLAN	Local School District or School Building Information should go here.
	Date:	

1. STUDENT INFORMATION- <i>(Complete all sections.)</i>			
Name:		DOB:	
School:		Counselor:	
Current Grade:			

2. MMC CREDIT AUDIT- <i>(Check which credits have already been earned & enter date of completion. 3.5 credits are required.)</i>			
<input type="checkbox"/> Algebra 1 Date Completed:	<input type="checkbox"/> Geometry Date Completed:	<input type="checkbox"/> Algebra 2 Date Completed:	<input type="checkbox"/> Additional Credit Date Completed:

3. MMC MATH CREDIT DESCRIPTION
<ul style="list-style-type: none"> •All students will complete at least 4 math or math-related credits •All students will complete a math or math-related credit in the final year of high school

4. MMC MATH CREDIT MODIFICATION OPTIONS- <i>(List or describe)</i>

5. CREDIT MODIFICATION REQUESTED- <i>(Check & date when modification was completed)</i>			
<input type="checkbox"/> Algebra 1 Date Completed:	<input type="checkbox"/> Geometry Date Completed:	<input type="checkbox"/> Algebra 2 <input type="checkbox"/> Option #1 <input type="checkbox"/> Option #2 <input type="checkbox"/> Option #3 Date Completed:	<input type="checkbox"/> Additional Credit Date Completed:

6. PERSONAL CURRICULUM- <i>List the expectations to achieve & indicate the method of evaluation for each expectation.</i>		
#	Expectation	Evaluation Method
1.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
2.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
3.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
4.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
5.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
6.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
7.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
8.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
9.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
10.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
11.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

6. PERSONAL CURRICULUM- <i>(Continued from page 1)</i>		
#	Expectation	Evaluation Method
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
13.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
14.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
15.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
16.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
17.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
18.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
19.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
20.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
21.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
22.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
23.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
24.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
25.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

7. ADDITIONAL COMMENTS:	

8. COMMITTEE MEMBERS' SIGNATURES- <i>(Signature indicates participation)</i>	
Student	High School Counselor/Designee
Parent/Guardian	Parent/Guardian
School Psychologist/Designee	Other

9. DISTRICT AGREEMENT		10. PARENT AGREEMENT	
<input type="checkbox"/>	I approve this personal curriculum plan.	<input type="checkbox"/>	I agree to the PC plan.
<input type="checkbox"/>	I deny this personal curriculum plan.	<input type="checkbox"/>	I disagree with the PC plan.
Signature of Superintendent/Designee and Date		Signature of Parent and Date	
Actual implementation date (Month/Day/Year)		OR the first day of the	school year.

Parent shall request quarterly updates from student's teachers

	SCIENCE PERSONAL CURRICULUM PLAN <i>(Only available to special education eligible students)</i>	Local School District or School Building Information should go here.
	Date:	

1. STUDENT INFORMATION- *(Complete all sections.)*

Name:		DOB:		Current Grade:	
School:		Counselor:			

2. MMC CREDIT AUDIT- *(Check which credits have already been earned & enter date of completion. 3 credits are required.)*

<input type="checkbox"/> Biology Date Completed:	<input type="checkbox"/> Chemistry Date Completed:	<input type="checkbox"/> Physics Date Completed:	<input type="checkbox"/> 1 Additional Science Credit Date Completed:
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3. MMC SCIENCE CREDIT MODIFICATION *(List or describe)*

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4. CREDIT MODIFICATION REQUESTED- *(Check & date when modification was completed)*

<input type="checkbox"/> Biology Date Completed:	<input type="checkbox"/> Chemistry Date Completed:	<input type="checkbox"/> Physics Date Completed:	<input type="checkbox"/> 1 Additional Science Credit Date Completed:
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5. PERSONAL CURRICULUM- *List the expectations to achieve & indicate the method of evaluation for each expectation.)*

#	Expectation	Evaluation Method
1.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
2.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
3.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
4.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
5.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
6.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
7.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
8.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
9.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
10.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
11.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
13.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
14.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
15.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

5. PERSONAL CURRICULUM- <i>(Continued from page 1)</i>		
#	Expectation	Evaluation Method
16.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
17.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
18.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
19.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
20.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
21.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
22.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
23.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
24.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
25.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

6. ADDITIONAL COMMENTS:

7. COMMITTEE MEMBERS' SIGNATURES- <i>(Signature indicates participation)</i>	
Student	High School Counselor/Designee
Parent/Guardian	Parent/Guardian
School Psychologist/Designee	Other

8. DISTRICT AGREEMENT	9. PARENT AGREEMENT
<input type="checkbox"/> I approve this personal curriculum plan.	<input type="checkbox"/> I agree to the PC plan.
<input type="checkbox"/> I deny this personal curriculum plan.	<input type="checkbox"/> I disagree with the PC plan.
Signature of Superintendent/Designee and Date	Signature of Parent and Date
Actual implementation date (Month/Day/Year)	OR the first day of the _____ school year.

Parent shall request quarterly updates from student's teachers

	SOCIAL STUDIES PERSONAL CURRICULUM PLAN	Local School District or School Building Information should go here.
	Date:	

1. STUDENT INFORMATION- *(Complete all sections.)*

Name:	DOB:	Current Grade:
School:	Counselor:	

2. MMC CREDIT AUDIT- *(Check which credits have already been earned & enter date of completion. 3 credits are required.)*

<input type="checkbox"/> Civics (0.5 credits) Date Completed:	<input type="checkbox"/> Economics (0.5 credits) Date Completed:	<input type="checkbox"/> US History & Geography Date Completed:	<input type="checkbox"/> World History & Geography Date Completed:
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3. MMC SOCIAL STUDIES CREDIT DESCRIPTION

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4. MMC SOCIAL STUDIES CREDIT MODIFICATION *(List or describe)*

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5. CREDIT MODIFICATION REQUESTED- *(Check & date when modification was completed)*

<input type="checkbox"/> Civics (0.5 credits) Date Completed:	<input type="checkbox"/> Economics (0.5 credits) Date Completed:	<input type="checkbox"/> US History & Geography Date Completed:	<input type="checkbox"/> World History & Geography Date Completed:
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6. PERSONAL CURRICULUM- *List the expectations to achieve & indicate the method of evaluation for each expectation.)*

#	Expectation	Evaluation Method
1.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
2.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
3.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
4.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
5.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
6.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
7.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
8.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
9.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
10.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
11.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
13.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

6. PERSONAL CURRICULUM- <i>(Continued from page 1)</i>		
#	Expectation	Evaluation Method
14.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
15.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
16.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
17.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
18.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
19.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
20.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
21.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
22.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
23.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
24.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
25.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

7. ADDITIONAL COMMENTS:	

8. COMMITTEE MEMBERS' SIGNATURES- <i>(Signature indicates participation)</i>	
Student	High School Counselor/Designee
Parent/Guardian	Parent/Guardian
School Psychologist/Designee	Other

9. DISTRICT AGREEMENT		10. PARENT AGREEMENT	
<input type="checkbox"/>	I approve this personal curriculum plan.	<input type="checkbox"/>	I agree to the PC plan.
<input type="checkbox"/>	I deny this personal curriculum plan.	<input type="checkbox"/>	I disagree with the PC plan.
Signature of Superintendent/Designee and Date		Signature of Parent and Date	
Actual implementation date (Month/Day/Year)		OR the first day of the	school year.

Parent shall request quarterly updates from student's teachers

	HEALTH & PHYSICAL EDUCATION PERSONAL CURRICULUM PLAN	Local School District or School Building Information should go here.
	Date:	

1. STUDENT INFORMATION- *(Complete all sections.)*

Name:	DOB:	Current Grade:
School:	Counselor:	

2. MMC CREDIT AUDIT- *(Check which credits have already been earned & enter date of completion. 1 credit is required.)*

<input type="checkbox"/> Health Date Completed:	<input type="checkbox"/> Physical Education Date Completed:
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3. MMC HEALTH & PHYSICAL EDUCATION CREDIT DESCRIPTION

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4. MMC HEALTH & PHYSICAL EDUCATION CREDIT MODIFICATION *(List or describe)*

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5. CREDIT MODIFICATION REQUESTED- *(Check & date when modification was completed)*

<input type="checkbox"/> Health Date Substitute Credit Completed:	<input type="checkbox"/> Physical Education Date Substitute Credit Completed:
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6. PERSONAL CURRICULUM- *List the expectations to achieve & indicate the method of evaluation for each expectation.)*

#	Expectation	Evaluation Method
1.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
2.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
3.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
4.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
5.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
6.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
7.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
8.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
9.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
10.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
11.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
13.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

6. PERSONAL CURRICULUM- <i>(Continued from page 1)</i>		
#	Expectation	Evaluation Method
14.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
15.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
16.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
17.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
18.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
19.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
20.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
21.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
22.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
23.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
24.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
25.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

7. ADDITIONAL COMMENTS:	

8. COMMITTEE MEMBERS' SIGNATURES- <i>(Signature indicates participation)</i>	
Student	High School Counselor/Designee
Parent/Guardian	Parent/Guardian
School Psychologist/Designee	Other

9. DISTRICT AGREEMENT		10. PARENT AGREEMENT	
<input type="checkbox"/>	I approve this personal curriculum plan.	<input type="checkbox"/>	I agree to the PC plan.
<input type="checkbox"/>	I deny this personal curriculum plan.	<input type="checkbox"/>	I disagree with the PC plan.
Signature of Superintendent/Designee and Date		Signature of Parent and Date	
Actual implementation date (Month/Day/Year)		OR the first day of the	school year.

Parent shall request quarterly updates from student's teachers

	VISUAL, PERFORMING & APPLIED ARTS PERSONAL CURRICULUM PLAN	Local School District or School Building Information should go here.
	Date:	

1. STUDENT INFORMATION- *(Complete all sections.)*

Name:		DOB:		Current Grade:	
School:		Counselor:			

2. MMC CREDIT AUDIT- *(Check which credits have already been earned & enter date of completion. 1 credit is required.)*

<input type="checkbox"/> Visual Arts Date Completed:	<input type="checkbox"/> Performing Arts Date Completed:	<input type="checkbox"/> Applied Arts Date Completed:
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3. MMC VISUAL, PERFORMING & APPLIED ARTS CREDIT DESCRIPTION

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4. MMC VISUAL, PERFORMING & APPLIED ARTS CREDIT MODIFICATION *(List or describe)*

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5. CREDIT MODIFICATION REQUESTED- *(Check & date when modification was completed)*

<input type="checkbox"/> Visual Arts Date Substitute Credit Completed:	<input type="checkbox"/> Performing Arts Date Substitute Credit Completed:	<input type="checkbox"/> Applied Arts Date Substitute Credit Completed:
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6. PERSONAL CURRICULUM- *List the expectations to achieve & indicate the method of evaluation for each expectation.)*

#	Expectation	Evaluation Method
1.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
2.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
3.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
4.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
5.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
6.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
7.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
8.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
9.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
10.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
11.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

6. PERSONAL CURRICULUM- <i>(Continued from page 1)</i>		
#	Expectation	Evaluation Method
13.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
14.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
15.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
16.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
17.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
18.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
19.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
20.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
21.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
22.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
23.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
24.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

7. ADDITIONAL COMMENTS:	

8. COMMITTEE MEMBERS' SIGNATURES- <i>(Signature indicates participation)</i>	
Student	High School Counselor/Designee
Parent/Guardian	Parent/Guardian
School Psychologist/Designee	Other

9. DISTRICT AGREEMENT		10. PARENT AGREEMENT	
<input type="checkbox"/>	I approve this personal curriculum plan.	<input type="checkbox"/>	I agree to the PC plan.
<input type="checkbox"/>	I deny this personal curriculum plan.	<input type="checkbox"/>	I disagree with the PC plan.
Signature of Superintendent/Designee and Date		Signature of Parent and Date	
Actual implementation date (Month/Day/Year)		OR the first day of the	school year.

Parent shall request quarterly updates from student's teachers

	WORLD LANGUAGES PERSONAL CURRICULUM PLAN <i>(Only available to special education eligible students)</i>	Local School District or School Building Information should go here.
	Date: _____	

1. STUDENT INFORMATION-*(Complete all sections.)*

Name:		DOB:		Current Grade:	
School:		Counselor:			

2. MMC CREDIT AUDIT-*(Check which credits have already been earned & enter date of completion. 2 credits are required.)*

<input type="checkbox"/> Grades K-8 Date Completed:	<input type="checkbox"/> Grade 9 Date Completed:	<input type="checkbox"/> Grade 10 Date Completed:	<input type="checkbox"/> Grade 11 Date Completed:	<input type="checkbox"/> Grade 12 Date Completed:
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3. MMC WORLD LANGUAGES CREDIT DESCRIPTION

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4. MMC WORLD LANGUAGES CREDIT MODIFICATION *(List or describe)*

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5. CREDIT MODIFICATION REQUESTED-*(Check & date when modification was completed)*

<input type="checkbox"/> Grades K-8 Date Substitute Credit Completed:	<input type="checkbox"/> Grade 9 Date Substitute Credit Completed:	<input type="checkbox"/> Grade 10 Date Substitute Credit Completed:	<input type="checkbox"/> Grade 11 Date Substitute Credit Completed:	<input type="checkbox"/> Grade 12 Date Substitute Credit Completed:
--	---	--	--	--

6. PERSONAL CURRICULUM-*List the expectations to achieve & indicate the method of evaluation for each expectation.)*

#	Expectation	Evaluation Method
1.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
2.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
3.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
4.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
5.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
6.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
7.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
8.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
9.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
10.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
11.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

6. PERSONAL CURRICULUM- <i>(Continued from page 1)</i>		
#	Expectation	Evaluation Method
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
13.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
14.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
15.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
16.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
17.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
18.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
19.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
20.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
21.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
22.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
23.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
24.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

7. ADDITIONAL COMMENTS:	

8. COMMITTEE MEMBERS' SIGNATURES- <i>(Signature indicates participation)</i>	
Student	High School Counselor/Designee
Parent/Guardian	Parent/Guardian
School Psychologist/Designee	Other

9. DISTRICT AGREEMENT		10. PARENT AGREEMENT	
<input type="checkbox"/>	I approve this personal curriculum plan.	<input type="checkbox"/>	I agree to the PC plan.
<input type="checkbox"/>	I deny this personal curriculum plan.	<input type="checkbox"/>	I disagree with the PC plan.
Signature of Superintendent/Designee and Date		Signature of Parent and Date	
Actual implementation date (Month/Day/Year)		OR the first day of the	school year.

Parent shall request quarterly updates from student's teachers

	ONLINE LEARNING EXPERIENCE PERSONAL CURRICULUM PLAN <i>(Only available to special education eligible students)</i>	Local School District or School Building Information should go here.
	Date: _____	

1. STUDENT INFORMATION- <i>(Complete all sections.)</i>
--

Name: _____	DOB: _____	Current Grade: _____
School: _____	Counselor: _____	

2. MMC CREDIT A Date UDIT- <i>(Check when online course or learning experience was completed.)</i>

<input type="checkbox"/> Grade 9 Completed:	<input type="checkbox"/> Grade 10 Date Completed:	<input type="checkbox"/> Grade 11 Date Completed:	<input type="checkbox"/> Grade 12 Date Completed:
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3. MMC ONLINE LEARNING EXPERIENCE DESCRIPTION
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- Requirement can be fulfilled by taking an online course or learning experience
- Requirement can be fulfilled by an online experience incorporated into each of the required MMC credits

4. MMC ONLINE LEARNING EXPERIENCE MODIFICATION <i>(List or describe)</i>

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5. CREDIT MODIFICATION REQUESTED- <i>(Check & date when modification was completed)</i>
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<input type="checkbox"/> Grade 9 Date Substitute Credit Completed:	<input type="checkbox"/> Grade 10 Date Substitute Credit Completed:	<input type="checkbox"/> Grade 11 Date Substitute Credit Completed:	<input type="checkbox"/> Grade 12 Date Substitute Credit Completed:
--	---	---	---

6. PERSONAL CURRICULUM- <i>List the expectations to achieve & indicate the method of evaluation for each expectation.)</i>

#	Expectation	Evaluation Method
1.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
2.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
3.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
4.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
5.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
6.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
7.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
8.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
9.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
10.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
11.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
13.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

6. PERSONAL CURRICULUM- <i>(Continued from page 1)</i>		
#	Expectation	Evaluation Method
14.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
15.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
16.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
17.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
18.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
19.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
20.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
21.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
22.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
23.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
24.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
25.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

7. ADDITIONAL COMMENTS:	

8. COMMITTEE MEMBERS' SIGNATURES- <i>(Signature indicates participation)</i>	
Student	High School Counselor/Designee
Parent/Guardian	Parent/Guardian
School Psychologist/Designee	Other

9. DISTRICT AGREEMENT		10. PARENT AGREEMENT	
<input type="checkbox"/>	I approve this personal curriculum plan.	<input type="checkbox"/>	I agree to the PC plan.
<input type="checkbox"/>	I deny this personal curriculum plan.	<input type="checkbox"/>	I disagree with the PC plan.
Signature of Superintendent/Designee and Date		Signature of Parent and Date	
Actual implementation date (Month/Day/Year)		OR the first day of the	school year.

Parent shall request quarterly updates from student's teachers