



## PERSONAL CURRICULUM PLAN PROCESS

**South High School Contacts:**  
1.313.432.3500  
**Principal:**  
Mr. D. Allan Diver  
**Counselors:**  
Mr. Eric Burson  
Mr. Troy Glasser  
Mrs. Catherine Lewis  
Mrs. Anne Mabley  
Mrs. Elizabeth Walsh-Sahutske

### PROCESS OVERVIEW


The Michigan Merit Curriculum requires that the student earn credits in the subject areas listed elsewhere in this document 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 = Individualized Education Program  
MME = Michigan Merit Exam  
MEAP = Michigan Education Assessment Program  
PC = Personal Curriculum

### PERSONAL CURRICULUM PROCESS

1.	<input type="checkbox"/>	PC is requested by a parent/legal guardian or emancipated student.
2.	<input type="checkbox"/>	Counselor sets up committee meeting to determine eligibility. Deadlines for application will be set by buildings and publicized to parents and students.
3.	<input type="checkbox"/>	Staff collects documents for committee review at the eligibility committee meeting. (See list of documents on PC Eligibility Determination form)
4.	<input type="checkbox"/>	PC committee meets to review necessary documents in order to make a recommendation to approve or deny a personal curriculum. Personal Curriculum Eligibility Determination forms are completed at this meeting.
5.	<input type="checkbox"/>	If PC is denied, paperwork goes to the superintendent for documentation.
6.	<input type="checkbox"/>	If PC is approved, the team meets with the student and parent/legal guardian (school Psychologist/special education teacher optional) to write the PC using the student's EDP and IEP if special education eligible.
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 to either approve or deny the plan.
9.	<input type="checkbox"/>	Appropriate staff implements approved PC. The PC must meet as much of the MMC as possible and must include measurable goals and a method of evaluation.
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.

	<b>REQUEST FOR PERSONAL CURRICULUM</b>	<b>South High School Contacts:</b> 1.313.432.3500 <b>Principal:</b> Mr. D. Allan Diver <b>Counselors:</b> Mr. Eric Burson Mr. Troy Glasser Mrs. Catherine Lewis Mrs. Anne Mabley Mrs. Elizabeth Walsh-Sahutske
	Date of Request:	

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

<b>SIGNATURES</b>			
Requested By:		Date:	
Received By:		Date:	
Reason for request: <input type="checkbox"/> Use higher level content credits <input type="checkbox"/> Math modification <input type="checkbox"/> Transfer from out-of-state or nonpublic <input type="checkbox"/> Need related to a disability		Describe change and rationale:	

<b>MODIFICATION REQUEST-</b> <i>Select what area(s) to Michigan Merit Curriculum are in need of proposed modification(s)</i>	
<b>English Language Arts - 4 Credits</b> <input type="checkbox"/> Freshman English <input type="checkbox"/> American Literature and Composition <input type="checkbox"/> Additional English <input type="checkbox"/> Additional English	<b>Mathematics - 4 Credits</b> <input type="checkbox"/> Algebra 1 <input type="checkbox"/> Geometry <input type="checkbox"/> Algebra 2 <input type="checkbox"/> Additional Credit
<b>Science - 3 Credits</b> <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry or Physics <input type="checkbox"/> Additional Science	<b>Social Studies - 3 Credits</b> <input type="checkbox"/> World History/Geography <input type="checkbox"/> US History/Geography <input type="checkbox"/> Economics <input type="checkbox"/> Government
<b>Physical Education &amp; Health - 1.5 Credits</b> <input type="checkbox"/> PE (1.0 credits) <input type="checkbox"/> Health (.5 credit)	<b>Foreign Language - 2 Credits</b> <small>(Beginning with Class of 2016)</small> <input type="checkbox"/> Language 1 credit: ____ <input type="checkbox"/> Language 2 credit: ____
<input type="checkbox"/> Computer/Technology - .5 Credit <input type="checkbox"/> Online Learning Experience	<input type="checkbox"/> Visual, Performing, or Applied Arts - 1 Credit

<i>Please Indicate if the following apply:</i>	
<input type="checkbox"/>	The student has an Educational Development Plan (EDP).
<input type="checkbox"/>	The student is eligible for special education and has an Individualized Education Program (IEP)



## PERSONAL CURRICULUM ELIGIBILITY DETERMINATION FORM

**South High School Contacts:**  
 1.313.432.3500  
**Principal:**  
 Mr. D. Allan Diver  
**Counselors:**  
 Mr. Eric Burson  
 Mr. Troy Glasser  
 Mrs. Catherine Lewis  
 Mrs. Anne Mabley  
 Mrs. Elizabeth Walsh-Sahutske

**Today's Date:** \_\_\_\_\_

<b>1. STUDENT INFORMATION</b>			
<b>Name:</b>		<b>DOB:</b>	
<b>School:</b>		<b>Date of PC Request:</b>	
<b>Current Grade:</b>			

<b>2. SOURCES OF EVALUATION INFORMATION</b> <i>(Check each document used to determine eligibility for the personal curriculum and attach the data that supports the recommendation)</i>			
<input type="checkbox"/>	Educational Development Plan		
<input type="checkbox"/>	NWEA reports		
<input type="checkbox"/>	Attendance/behavioral records		
<input type="checkbox"/>	Curricular assessments		
<input type="checkbox"/>	Grades		
<input type="checkbox"/>	MEAP/MI Merit Exam scores		
<input type="checkbox"/>	Teacher Input		
<input type="checkbox"/>	Documented lack of progress in the MI Merit Curriculum		
<input type="checkbox"/>	Documented accommodations, interventions and support		
<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"/>	Other (specify)		

<b>3. FINDINGS:</b> <i>(Check Ineligible or Eligible)</i>	
<input type="checkbox"/>	<b>INELIGIBLE</b> <i>(Proceed to Signature page)</i>
<input type="checkbox"/>	<b>ELIGIBLE</b> <i>(Check which areas below are approved for modification or substitution, sign this document &amp; complete the Personal Curriculum Plan)</i>
<input type="checkbox"/>	English Language Arts*
<input type="checkbox"/>	Mathematics
<input type="checkbox"/>	World Languages*
<input type="checkbox"/>	Visual, Performing, or Applied Arts
<input type="checkbox"/>	Social Studies
<input type="checkbox"/>	Online Learning Experience*
<input type="checkbox"/>	Science*
<input type="checkbox"/>	Physical education
<input type="checkbox"/>	Health
* available to Special Education Students Only	

Comments:

--

**8. COMMITTEE MEMBERS' SIGNATURES-** *(Signature indicates participation)*

Student _____ Date _____	High School Counselor _____ Date _____
Parent/Guardian _____ Date _____	Parent/Guardian _____ Date _____
Other (School psychologist, special educ teacher, etc. _____ Date _____	Principal/designee _____ Date _____

**9. DISTRICT COMMITMENT**

<input type="checkbox"/>	I approve this personal curriculum request.		
<input type="checkbox"/>	I deny this personal curriculum request.		
Signature of Superintendent/Designee		Date:	
Actual implementation date (Month/Day/Year)		OR the first day of the	school year.



## PERSONAL CURRICULUM PROGRESS REVIEW

**South High School Contacts:**  
 1.313.432.3500  
**Principal:**  
 Mr. D. Allan Diver  
**Counselors:**  
 Mr. Eric Burson  
 Mr. Troy Glasser  
 Mrs. Catherine Lewis  
 Mrs. Anne Mabley  
 Mrs. Elizabeth Walsh-Sahutske

<b>1.</b>	<b>STUDENT INFORMATION</b>				
<b>Name:</b>		<b>DOB:</b>		<b>Current Grade:</b>	
<b>School:</b>		<b>School year:</b>			

**Status key for planned Personal Curriculum area:**

- 1 – All expectations in this curriculum area are met
- 2 – Making progress sufficient to meet expectations in this area by end of semester / trimester
- 3 – Needs to improve progress to meet expectations in this area by end of semester / trimester
- S – A personal curriculum is planned for the current year, but the student is not scheduled for this area at this time

Reporting Period:						
<b>Curriculum Area:</b>						
English Language Arts						
Health and Physical Education						
Mathematics						
Online Learning Experience(s)						
Science						
Social Studies						
Visual, Performing and Applied Arts						
World Languages						

<b>ADDITIONAL COMMENTS:</b>



## ENGLISH LANGUAGE ARTS PERSONAL CURRICULUM PLAN

*(Only available to special education eligible students)*

**South High School Contacts:**  
 1.313.432.3500  
**Principal:**  
 Mr. D. Allan Diver  
**Counselors:**  
 Mr. Eric Burson  
 Mr. Troy Glasser  
 Mrs. Catherine Lewis  
 Mrs. Anne Mabley  
 Mrs. Elizabeth Walsh-Sahutske

**Date:**

### 1. STUDENT INFORMATION

<b>Name:</b>		<b>DOB:</b>		<b>Current Grade:</b>	
<b>School:</b>		<b>Date of PC Request:</b>			

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

<input type="checkbox"/> Freshman English Completed:	<input type="checkbox"/> American Lit & Comp Completed:	<input type="checkbox"/> Additional English credit Completed:	<input type="checkbox"/> Additional English credit Completed:
--	---	---	---

### 3. MMC ENGLISH LANGUAGE ARTS CREDIT MODIFICATION

• Only available to special education eligible students.

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

<input type="checkbox"/> Freshman English Completed:	<input type="checkbox"/> American Lit & Comp Completed:	<input type="checkbox"/> Additional English credit Completed:	<input type="checkbox"/> Additional English credit Completed:
--	---	---	---

### 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



# HEALTH & PHYSICAL EDUCATION PERSONAL CURRICULUM PLAN

**South High School Contacts:**  
1.313.432.3500  
**Principal:**  
Mr. D. Allan Diver  
**Counselors:**  
Mr. Eric Burson  
Mr. Troy Glasser  
Mrs. Catherine Lewis  
Mrs. Anne Mabley  
Mrs. Elizabeth Walsh-Sahutske

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

## 1. STUDENT INFORMATION

<b>Name:</b>		<b>DOB:</b>		<b>Current Grade:</b>	
<b>School:</b>		<b>Date of PC Request:</b>			

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

<input type="checkbox"/> Health Completed: _____	<input type="checkbox"/> Physical Education Completed: _____
--	--

## 3. MMC HEALTH & PHYSICAL EDUCATION CREDIT DESCRIPTION

- Credit guidelines developed by the Michigan Department of Education
- 1.5 credits must be earned (.5 in health and 1 in Physical Education)

## 4. MMC HEALTH & PHYSICAL EDUCATION CREDIT MODIFICATION

- Modified only if student takes additional credit(s) beyond the required credits in English Language Arts, Math, Science, or World Languages

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

<input type="checkbox"/> Health Completed: _____	<input type="checkbox"/> Physical Education 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
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other



# MATHEMATICS PERSONAL CURRICULUM PLAN

**South High School Contacts:**  
 1.313.432.3500  
**Principal:**  
 Mr. D. Allan Diver  
**Counselors:**  
 Mr. Eric Burson  
 Mr. Troy Glasser  
 Mrs. Catherine Lewis  
 Mrs. Anne Mabley  
 Mrs. Elizabeth Walsh-Sahutske

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

<b>1. STUDENT INFORMATION</b>			
<b>Name:</b>		<b>DOB:</b>	
<b>School:</b>		<b>Date of PC Request:</b>	
<b>Current Grade:</b>			

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

<b>3. MMC MATH CREDIT DESCRIPTION</b>
<ul style="list-style-type: none"> <li>•All students will complete at least 3.5 math or math-related credits</li> <li>•All students will complete a math or math-related credit in the final year of high school</li> </ul>

<b>4. MMC MATH CREDIT MODIFICATION OPTIONS</b> - <i>(Only these three Algebra 2 modification options are permissible.)</i>
<ul style="list-style-type: none"> <li>•OPTION #1: Complete 2.5 credits of math including 0.5 credit of Algebra 2</li> <li>•OPTION #2: Complete a two year Career &amp; Technical education curriculum, which includes 0.5 credit of Algebra 2 content</li> <li>•OPTION #3: Complete Algebra 2 over two years with credit given for each year</li> </ul>

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

<b>6. PERSONAL CURRICULUM</b> - <i>List the expectations to achieve &amp; 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





# ONLINE LEARNING EXPERIENCE PERSONAL CURRICULUM PLAN

*(Only available to special education eligible students)*

**South High School Contacts:**  
 1.313.432.3500  
**Principal:**  
 Mr. D. Allan Diver  
**Counselors:**  
 Mr. Eric Burson  
 Mr. Troy Glasser  
 Mrs. Catherine Lewis  
 Mrs. Anne Mabley  
 Mrs. Elizabeth Walsh-Sahutske

**Date:**

1. STUDENT INFORMATION			
<b>Name:</b>		<b>DOB:</b>	
<b>Current Grade:</b>		<b>Date of PC Request:</b>	
<b>School:</b>			

2. MMC CREDIT AUDIT- <i>(Check when online course or learning experience was completed.)</i>			
<input type="checkbox"/> Grade 9 Completed:	<input type="checkbox"/> Grade 10 Completed:	<input type="checkbox"/> Grade 11 Completed:	<input type="checkbox"/> Grade 12 Completed:

3. MMC ONLINE LEARNING EXPERIENCE DESCRIPTION
<ul style="list-style-type: none"> <li>• Requirement can be fulfilled by taking an online course or learning experience</li> <li>• Requirement can be fulfilled by an online experience incorporated into each of the required MMC credits</li> </ul>

4. MMC ONLINE LEARNING EXPERIENCE MODIFICATION
<ul style="list-style-type: none"> <li>• Only available to special education eligible students.</li> </ul>

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

6. PERSONAL CURRICULUM- <i>List the expectations to achieve &amp; 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



# SCIENCE PERSONAL CURRICULUM PLAN

*(Only available to special education eligible students)*

**South High School Contacts:**  
 1.313.432.3500  
**Principal:**  
 Mr. D. Allan Diver  
**Counselors:**  
 Mr. Eric Burson  
 Mr. Troy Glasser  
 Mrs. Catherine Lewis  
 Mrs. Anne Mabley  
 Mrs. Elizabeth Walsh-Sahutske

Date:

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

2. MMC CREDIT AUDIT- <i>(Check which credits have already been earned &amp; enter date of completion. 3 credits are required.)</i>			
<input type="checkbox"/> Biology Completed:	<input type="checkbox"/> Chemistry Completed:	<input type="checkbox"/> Physics Completed:	<input type="checkbox"/> 1 Additional Science Credit Completed:

3. MMC SCIENCE CREDIT MODIFICATION
• Only available to special education eligible students.

4. CREDIT MODIFICATION REQUESTED- <i>(Check &amp; date when modification was completed)</i>			
<input type="checkbox"/> Biology Completed:	<input type="checkbox"/> Chemistry Completed:	<input type="checkbox"/> Physics Completed:	<input type="checkbox"/> 1 Additional Science Credit Completed:

5. PERSONAL CURRICULUM- <i>List the expectations to achieve &amp; 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
14.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
15.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other



# SOCIAL STUDIES PERSONAL CURRICULUM PLAN

**South High School Contacts:**  
 1.313.432.3500  
**Principal:**  
 Mr. D. Allan Diver  
**Counselors:**  
 Mr. Eric Burson  
 Mr. Troy Glasser  
 Mrs. Catherine Lewis  
 Mrs. Anne Mabley  
 Mrs. Elizabeth Walsh-Sahutske

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

1. STUDENT INFORMATION			
<b>Name:</b>		<b>DOB:</b>	
<b>Current Grade:</b>			
<b>School:</b>		<b>Date of PC Request:</b>	

2. MMC CREDIT AUDIT- <i>(Check which credits have already been earned &amp; enter date of completion. 3 credits are required.)</i>			
<input type="checkbox"/> Government (0.5 credits) Completed:	<input type="checkbox"/> Economics (0.5 credits) Completed:	<input type="checkbox"/> US History & Geography Completed:	<input type="checkbox"/> World History & Geography Completed:

3. MMC SOCIAL STUDIES CREDIT DESCRIPTION
<ul style="list-style-type: none"> <li>•No modification of Government</li> <li>•2 credits must be earned</li> </ul>

4. MMC SOCIAL STUDIES CREDIT MODIFICATION
<ul style="list-style-type: none"> <li>•Modified only if student takes additional credit(s) beyond the required credits in English Language Arts, Math, Science, or World Languages</li> </ul>

5. CREDIT MODIFICATION REQUESTED- <i>(Check &amp; date when modification was completed)</i>			
<input type="checkbox"/> Government (0.5 credits) Completed:	<input type="checkbox"/> Economics (0.5 credits) Completed:	<input type="checkbox"/> US History & Geography Completed:	<input type="checkbox"/> World History & Geography Completed:

6. PERSONAL CURRICULUM- <i>List the expectations to achieve &amp; 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



## VISUAL, PERFORMING & APPLIED ARTS PERSONAL CURRICULUM PLAN

**South High School Contacts:**  
1.313.432.3500  
**Principal:**  
Mr. D. Allan Diver  
**Counselors:**  
Mr. Eric Burson  
Mr. Troy Glasser  
Mrs. Catherine Lewis  
Mrs. Anne Mabley  
Mrs. Elizabeth Walsh-Sahutske

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

### 1. STUDENT INFORMATION

<b>Name:</b>		<b>DOB:</b>		<b>Current Grade:</b>	
<b>School:</b>		<b>Date of PC Request:</b>			

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

<input type="checkbox"/> Visual Arts Completed:	<input type="checkbox"/> Performing Arts Completed:	<input type="checkbox"/> Applied Arts Completed:
---	---	--

### 3. MMC VISUAL, PERFORMING & APPLIED ARTS CREDIT DESCRIPTION

- Credit guidelines developed by the Michigan Department of Education
- 1 credit must be earned

### 4. MMC VISUAL, PERFORMING & APPLIED ARTS CREDIT MODIFICATION

- Modified only if student takes additional credit(s) beyond the required credits in English Language Arts, Math, Science, or World Languages

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

<input type="checkbox"/> Visual Arts Completed:	<input type="checkbox"/> Performing Arts Completed:	<input type="checkbox"/> Applied Arts 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
12.		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other



# WORLD LANGUAGES PERSONAL CURRICULUM PLAN

*(Only available to special education eligible students)*

**South High School Contacts:**  
 1.313.432.3500  
**Principal:**  
 Mr. D. Allan Diver  
**Counselors:**  
 Mr. Eric Burson  
 Mr. Troy Glasser  
 Mrs. Catherine Lewis  
 Mrs. Anne Mabley  
 Mrs. Elizabeth Walsh-Sahutske

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

1. STUDENT INFORMATION			
<b>Name:</b>		<b>DOB:</b>	
<b>School:</b>		<b>Date of PC Request:</b>	
<b>Current Grade:</b>			

2. MMC CREDIT AUDIT- <i>(Check which credits have already been earned &amp; enter date of completion. 2 credits are required.)</i>				
<input type="checkbox"/> Grades K-8 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:

3. MMC WORLD LANGUAGES CREDIT DESCRIPTION
<ul style="list-style-type: none"> <li>No modification of World Languages</li> <li>2 credits must be earned</li> <li>Begins with class of 2016</li> </ul>

4. MMC WORLD LANGUAGES CREDIT MODIFICATION
<ul style="list-style-type: none"> <li>Only available to special education eligible students.</li> </ul>

5. CREDIT MODIFICATION REQUESTED- <i>(Check &amp; date when modification was completed)</i>				
<input type="checkbox"/> Grades K-8 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:

6. PERSONAL CURRICULUM- <i>List the expectations to achieve &amp; 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

Student: \_\_\_\_\_ Curriculum Area: \_\_\_\_\_

<b>6. PERSONAL CURRICULUM-<i>List the expectations to achieve &amp; indicate the method of evaluation for each expectation.</i></b>		
#	Expectation	Evaluation Method
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other

Comments:

<b>7. ADDITIONAL COMMENTS:</b>

<b>8. COMMITTEE MEMBERS' SIGNATURES-</b> <i>(Signature indicates participation)</i>			
Student	Date	High School Counselor	Date
Parent/Guardian	Date	Parent/Guardian	Date
Other (School psychologist, special educ teacher, etc.	Date	Principal/designee	Date

<b>9. DISTRICT COMMITMENT</b>			
<input type="checkbox"/> I approve this personal curriculum request.			
<input type="checkbox"/> I deny this personal curriculum request.			
Signature of Superintendent/Designee		Date:	
Actual implementation date (Month/Day/Year)		OR the first day of the	school year.



## PERSONAL CURRICULUM PROGRESS REVIEW

**South High School Contacts:**  
 1.313.432.3500  
**Principal:**  
 Mr. D. Allan Diver  
**Counselors:**  
 Mr. Eric Burson  
 Mr. Troy Glasser  
 Mrs. Catherine Lewis  
 Mrs. Anne Mabley  
 Mrs. Elizabeth Walsh-Sahutske

<b>1.</b>	<b>STUDENT INFORMATION</b>				
<b>Name:</b>		<b>DOB:</b>		<b>Current Grade:</b>	
<b>School:</b>		<b>School year:</b>			

**Status key for planned Personal Curriculum area:**

- 1 – All expectations in this curriculum area are met
- 2 – Making progress sufficient to meet expectations in this area by end of semester / trimester
- 3 – Needs to improve progress to meet expectations in this area by end of semester / trimester
- S – A personal curriculum is planned for the current year, but the student is not scheduled for this area at this time

<b>Reporting Period:</b>						
<b>Curriculum Area:</b>						
English Language Arts						
Health and Physical Education						
Mathematics						
Online Learning Experience(s)						
Science						
Social Studies						
Visual, Performing and Applied Arts						
World Languages						

<b>ADDITIONAL COMMENTS:</b>



