



HIGH SCHOOL VISUAL, PERFORMING, & APPLIED ARTS PERSONAL CURRICULUM PLAN

Start Date: _____ End Date: _____

STUDENT INFORMATION-*(Complete all sections.)*

Name: _____ DOB: _____ Current Grade: _____

School: _____

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

<input type="checkbox"/> Visual Arts OR <input type="checkbox"/> CTE Program Completed: _____	<input type="checkbox"/> Performing Arts OR <input type="checkbox"/> CTE Program Completed: _____	<input type="checkbox"/> Applied Arts OR <input type="checkbox"/> CTE Program Completed: _____
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MMC VISUAL, PERFORMING & APPLIED ARTS CREDIT DESCRIPTION

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

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

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

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

Content Expectation (Special Education Only):

Evaluation Method

<input type="checkbox"/>		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
<input type="checkbox"/>		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
<input type="checkbox"/>		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
<input type="checkbox"/>		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
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