



# HIGH SCHOOL HEALTH & PHYSICAL EDUCATION 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"/> Health      Completed: _____	<input type="checkbox"/> Physical Education      Completed: _____
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**MMC HEALTH & PHYSICAL EDUCATION CREDIT DESCRIPTION**

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

**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

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

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