MONTCALM AREA INTERMEDIATE SCHOOL DISTRICT

HIGH SCHOOL SCIENCE PERSONAL CURRICULUM PLAN

INTERMEDIATE SCHOOL DISTRICT	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. 3 credits are required.)						
Biology	Chemistry	Physics	1 Additional Science Credit		CTE Program	
Completed:	Completed:	Completed:	Completed:		Completed:	
CREDIT MODIFICATION REQUESTED-(Check & date when modification was completed)						
			1 Additional Science Credit		CTE Program	
Completed:	Completed:	Completed:	Completed:		Completed:	
PERSONAL CURRICULUM-List the expectations to achieve & indicate the method of evaluation for each expectation.)						
Content Expectation (Special Education Only): Evaluation Method						
					course assessment	
					course assessment	
				Other	course assessment	
				Other	Course assessment	
					course assessment	
				Other		
				End of	course assessment	
				Other		
				End of	course assessment	
				Other		
					course assessment	
				Other		
					course assessment	
				Other	course assessment	
				Other		