INDIVIDUAL GRADUATION COMMITTEE (IGC) FINAL EVALUATION MEETING

WACO INDEPENDENT SCHOOL DISTRICT WACO, TEXAS

| Student ID #: | | IGC Evaluation Date: | | |
|---------------|------------------------------------|------------------------------------|--|--|
| | | | | |
| | IGC Project/Portfolio 1 | IGC Project/Portfolio 2 | | |
| | Additional Remediation | Additional Remediation | | |
| | Periods / Hours / Points | Periods / Hours / Points | | |
| | Comments: | <u>Comments</u> : | | |
| | | | | |
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| | | | | |
| | Met Criteria Did Not Meet Criteria | Met Criteria Did Not Meet Criteria | | |



| | IGC Project/Portfolio 1 | IGC Project/Portfolio 2 | | | | |
|---|--|--|--|--|--|--|
| | Score of Proficiency(Grading rubric attached) | Score of Proficiency (Grading rubric attached) | | | | |
| | Comments: | <u>Comments</u> : | | | | |
| | | | | | | |
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| | | | | | | |
| | Met Criteria Did Not Meet Criteria | Met Criteria Did Not Meet Criteria | | | | |
| 2. | Student Confirmation | | | | | |
| | have completed the requirements as set forth b | | | | | |
| the Individual Graduation Committee with academic honesty and submitted necessary documentation to the Individual Graduation Committee. | | | | | | |
| | | | | | | |
| Signatu | ure of Student: | Date: | | | | |



3. Committee Confirmation

| | My signature below indicates that | has completed the | | | | | |
|----|---|-------------------|---------|----------|--|--|--|
| | additional graduation requirements set forth by the Individual Graduation Committee | | | | | | |
| | and met did not meet the criteria for graduation. | | | | | | |
| | | | | | | | |
| | The committee decision must be unanimous for graduation to occur. | | | | | | |
| | | | | | | | |
| | Committee members must sign, date, and indicate their agreement / disagreement. | | | | | | |
| | | | | | | | |
| , | Principal or Assistant Principal | Dato | Agroo | Disagroo | | | |
| | Principal or Assistant Principal: | | | | | | |
| b. | Counselor: | Date _ | Agree | Disagree | | | |
| c. | Certified Teacher of course | Date _ | Agree | Disagree | | | |
| d. | Certified Teacher of course | Date | Agree _ | Disagree | | | |
| e. | Department Chair(s)/IS: | Date _ | Agree | Disagree | | | |
| f. | Department Chair(s)/IS: | Date | Agree _ | Disagree | | | |
| g. | Parent or Parental Relation: | Date | Agree _ | Disagree | | | |
| h. | Student: | Date | Agree _ | Disagree | | | |
| i. | Other: | Date | Agree _ | Disagree | | | |

The decision of the Individual Graduation Committee is final, without appeal.

