



# Individual College & Career Plan

Student Name: \_\_\_\_\_



## Academic Pathways Offerings

Subject	9th Grade	10th Grade	11th Grade	12th Grade
<b>English (4 Credits)</b>	<input type="checkbox"/> Lit/Comp I <b>OR</b> <input type="checkbox"/> Gifted Lit/Comp I	<input type="checkbox"/> Lit/Comp II <b>OR</b> <input type="checkbox"/> Gifted Lit/Comp II	<input type="checkbox"/> American Literature <b>OR</b> <input type="checkbox"/> AP Language	<input type="checkbox"/> British Lit <b>OR</b> AP Lit <b>OR</b> DE English
<b>Math (4 Credits)</b>	<input type="checkbox"/> Algebra I <b>OR</b> <input type="checkbox"/> Acc. Geom. B/Adv. Alg. A <b>OR</b> <input type="checkbox"/> Gifted/Honors Geometry	<input type="checkbox"/> Geometry <b>OR</b> <input type="checkbox"/> Other: _____	<input type="checkbox"/> Advanced Algebra <input type="checkbox"/> Other: _____	<input type="checkbox"/> 4th Math (can include Stat Reasoning, AP Stat, Pre-Calc, AP Pre-Calc, AP Calc, College & Career Readiness Math, DE Math)
<b>Science (4 Credits)</b>	<input type="checkbox"/> Biology <b>OR</b> <input type="checkbox"/> Gifted Biology	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Physics <b>OR</b> AP Physics	<input type="checkbox"/> 4th Science (can include AP Science, DE Science, Forensic Science, Human Anatomy/Physiology, Food Science, etc.)
<b>Social Studies (3 Credits)</b>		<input type="checkbox"/> World History <b>OR</b> AP World History	<input type="checkbox"/> US History <b>OR</b> AP US History	<input type="checkbox"/> American Gov. (.5 units), <b>OR</b> AP Govt <b>OR</b> DE American Gov <input type="checkbox"/> Econ (.5 units), <b>OR</b> AP Macro Econ <b>OR</b> DE Econ
<b>Health and Personal Fitness (1 Credit)</b>	<input type="checkbox"/> Personal Fitness (0.5) <input type="checkbox"/> Health (0.5)			
<b>World Language, Career Tech, and/or Fine Arts (3 credits)</b> <i>Students planning to attend a 4-year college/university are advised to take a minimum of two units of the same world language</i>				
<b>Electives (3 Credits)</b>	<input type="checkbox"/> Elective 1:	<input type="checkbox"/> Elective 1:	<input type="checkbox"/> Elective 1:	<input type="checkbox"/> Elective 1:
	<input type="checkbox"/> Elective 2:	<input type="checkbox"/> Elective 2:	<input type="checkbox"/> Elective 2:	<input type="checkbox"/> Elective 2:
	<input type="checkbox"/> Elective 3:	<input type="checkbox"/> Elective 3:	<input type="checkbox"/> Elective 3:	<input type="checkbox"/> Elective 3:
<b>Alternates (Please list 3)</b>	1. 2. 3.			

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_