



2026-2027 Forecasting Worksheet *(Turn In)*

Student Name: _____ 2026-2027 Grade Level: _____ Counselor: _____

SEMESTER 1 COURSES		SEMESTER 2 COURSES
0 <i>(optional)</i>		
1		
2		
3		
4		
5		
6		
7		

ALTERNATE COURSE OPTIONS <i>(list in priority order)</i>	
SEMESTER 1 COURSES	SEMESTER 2 COURSES

NOTES: <i>(summer school plans, courses to replace D or NG grades)</i>	
SUMMER SCHOOL PLANS	D OR NG RECOVERY PLANS

I have reviewed the Curriculum Guide and am committed to these course selections.

Student Signature

Parent/Guardian Signature