

	PERSONAL CURRICULUM PLAN ENRICHMENT AND/OR MATHEMATICS		
	Date:		

1. STUDENT INFORMATION- <i>(Complete all sections.)</i>			
Name:		DOB:	
School:		Current Grade:	
		Counselor:	

2. STUDENT CAREER PATHWAY AS INDICATED ON THE MOST RECENT EDP	
What is the student's career goal?	
What is the post-secondary pathway to achieve the career goal?	

3. WHAT IS THE PERSONAL CURRICULUM REQUESTED?	
☐ The request is to remove <i>(Choose from Section A)</i> to make room for <i>(Choose from Section B)</i>	
Section A: ☐ Health ☐ Physical Education ☐ Health and Physical Education ☐ Social Studies ☐ VPAA	Section B: ☐ English Language Arts ☐ Mathematics ☐ Science ☐ World Language ☐ CTE
☐ The request is to remove 0.5 credits of Algebra II	

4. IMPLEMENTATION DATE	Actual:	OR the first day of the school year.
-------------------------------	---------	---

Should the student fail to meet the requirements of the personal curriculum by the expected graduation date, the PC will be considered null and void, and the student will be responsible for meeting all standard requirements of the district to receive the diploma. This likely would result in not graduating on time.

5. COMMITTEE MEMBERS' SIGNATURES - <i>(Signature indicates participation in creation of PC. Parent and student signature also indicates agreement to the requirements of the PC. Counselor signature indicates this request follows the student EDP.)</i>	
Student (required)	High School Counselor (required)
Parent/Guardian (required)	Other (optional)

6. PRINCIPAL OR PRINCIPAL DESIGNEE REVIEW	
☐ I have reviewed and believe the request is appropriate for the student's EDP goal and pathway.	
☐ I have reviewed and disagree with the request because it is inappropriate for the EDP goal and pathway.	
Signature of Principal	Date:

7. DISTRICT DECISION	
☐ I approve this personal curriculum plan.	
☐ I disapprove this personal curriculum plan.	
Signature of Superintendent/Designee	Date: