



CURRICULUM PLAN MODIFICATION(S)

Allendale High School
10760 - 68th Avenue
Allendale, MI 49401
(616) 892-5585

Plan Start Date:

Plan End Date:

1. STUDENT INFORMATION-*(Complete all sections.)*

Name:

DOB:

Current Grade:

School:

2. MMC CREDIT AUDIT-*(Check which credits have already been earned & enter date of completion. 4 credits are required.)*

Grade 9

Completed:

Grade 10

Completed:

Grade 11

Completed:

Grade 12

Completed:

3. MODIFICATION REQUESTED-*(What course is proposed for modification)*

4. PERSONAL CURRICULUM

What are the recommended modifications of the course content expectations or credit requirement?

What is the current standard of proficiency necessary for granting credit for this course?

What level of proficiency must the student demonstrate on the modified expectations or credit requirement?

What is the measurable goal?

How will progress be assessed?

Quarter or trimester assessment

End of course assessment

Student's daily work

Homework

Demonstration

Other _____

PL 623 Section 5(d) states: "The pupil's parent or legal guardian shall be in communication with each of the pupil's teachers at least once each calendar quarter to monitor the pupil's progress towards the goals contained in the pupil's personal curriculum."

5. ADDITIONAL COMMENTS:

6. COMMITTEE MEMBERS' SIGNATURES- <i>(Signature indicates participation)</i>	
Student	High School Counselor/Designee
Parent/Guardian	Parent/Guardian
Other	Other

7. DISTRICT COMMITMENT	
<input type="checkbox"/>	I approve this personal curriculum request.
<input type="checkbox"/>	I deny this personal curriculum request.
Signature of Superintendent/Designee	Date:
Actual implementation date (Month/Day/Year)	OR the first day of the school year.