



**PERSONAL CURRICULUM PLAN  
ENRICHMENT AND/OR MATHEMATICS**

Date: \_\_\_\_\_

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

Name:	_____	DOB:	_____	Current Grade:	_____
School:	_____	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 *(Choose from Section A)* to make room for *(Choose from Section B)*

**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 \_\_\_\_\_ 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 -** *(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.)*

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:	_____
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**7. DISTRICT DECISION**

I approve this personal curriculum plan.

I disapprove this personal curriculum plan.

Signature of Superintendent/Designee	_____	Date:	_____
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