

CONTACT METHOD & DATE:

Letter mailed home _____
 Phone call _____
 Email _____
 Note sent with student _____
 Other _____

SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT
INDIVIDUAL EDUCATION/CAREER PLAN (GRADES 9-12)

Silverado
 Mira Monte

Conference date: _____ Student name: _____
 Last Name First Name
 Time: _____ Grade: _____ Parent name: _____

GRADUATION CHECKLIST

| <u>SUBJECT</u> | <u>REQUIREMENTS</u> | | | |
|---|---------------------|---|----------------------|----|
| English 4 years | 9 | 10 | 11 | 12 |
| Math 3 years* | 1 year | 1 year | 1 year | |
| Social Science 3 years | World History | U.S. History | Civics/ Economics | |
| Science 3 years | 1 year | 1 year | 1 year | |
| Fine Arts, or Applied Arts Tech, or Modern Language | 1 year | Phys. Ed. or Athletics 2 years | | |
| Electives: | | | | |

1 semester
health

GRADUATION REQUIREMENTS

165 required units; 55 elective units 220 total units minimum required
 Complete 8 hours of community service 1.75 minimum G.P.A.
 Demonstrate writing proficiency
 Pass the California High School Exit Exam (CAHSEE)
 * The 3 years of math must include Algebra I or Algebra IA & 1B.

STUDENT'S STATUS

Student has earned _____ units to date
 Student's current total G.P.A. is _____
 Community Service met: _____ Writing Proficiency met: _____
 Passed CAHSEE: English: _____ Math: _____

Career Pathway:

Graduation Plan:

- Return to CHS
- SHS/MM diploma
- CHSPE
- GED
- CHSPE diploma
- Adult Ed diploma
- Summer school graduation
- 5th year senior

RECOMMENDATIONS/ACTIONS TO BE TAKEN IF CAHSEE IS

NOT PASSED (*=Career/Technical Education Options):

- Adult Ed—Diploma Program
- *Apprenticeship Program
- Centennial Ed H.S. Program
- CHSPE
- GED
- Futures
- Additional services, instruction until CAHSEE is passed, up to 2 years
- Community College (if 18+ yrs. old)
- ____ Associate Degree
- ____ *Tech Prep/Certificate Program
- ____ Transfer to 4-Year College
- *ROP
- *Trade/Technical School

Educational Pathway/Post H.S. Graduation Plans:

I/We received and understand items described on the reverse side.

 Student's signature

 Parent's signature

 Counselor's signature

(For planning purposes only, this is not a final schedule)
PROPOSED COURSE OF STUDY

| 1 st Semester | | 2 nd Semester | |
|--------------------------|-------------------------|--------------------------|-------------------------|
| 1 st Quarter | 2 nd Quarter | 1 st Quarter | 2 nd Quarter |
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| 1 st Semester | | 2 nd Semester | |
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| 1 st Quarter | 2 nd Quarter | 1 st Quarter | 2 nd Quarter |
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| 1 st Semester | | 2 nd Semester | |
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| 1 st Semester | | 2 nd Semester | |
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| 1 st Quarter | 2 nd Quarter | 1 st Quarter | 2 nd Quarter |
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SPECIAL PROGRAMS: _____
 RECOMMENDATIONS: _____

