## Fruitport High School 357 N.Sixth Street Fruitport, MI 49415 231-865-3101

## REQUEST FOR PERSONAL CURRICULUM FOR STUDENTS WITH AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)



DIRECTIONS: This page is to be completed by parent(s), guardian(s), adult student and/or school personnel and submitted to the student's counselor or designee for consideration of a personal curriculum (PC).

1.	STUDENT INFORMATION - Complete all sections							
Nar	ne of Student:		Grade:					
Anticipated Graduation Date: School:				Birth Date:				
Red	Requested By:   Parent   Guardian   Student (18 or older)   School Personnel							
Nar	Name of Requestor: Daytime Phone:							
2	. MODIFICATION REC	MODIFICATION REQUEST - Select what area(s) to Michigan Merit Curriculum are in need of proposed modification(s).						
(4 	nglish Language Arts – 4 Credits) 3 Grade 9 3 Grade 10 4 Grade 11 5 Grade 12	Mathematics - (4 Credits)  ☐ Algebra I ☐ Geometry ☐ Algebra II ☐ Math 4 <sup>th</sup> Year	Online Learning Exp (1 Credit)					
(3	cience – 3 Credits) 3 Biology 3 Chemistry or Physics 3 Additional Science	Social Science – (3 credits)  World History/Geography US History Geography Economics Civics	Visual, Performing & Applied Arts – (1 Cre		d Language – edits)			
3.	ASSURANCE OF PE	RSON REQUESTING PER	SONAL CURRICUL	UM – Check the	e box after reading statement			
The Michigan Merit Curriculum (MMC) requires that the student earn specific credits to graduate from high school. Credits are earned when the student demonstrates competencies in content expectations in the given subject areas. The law allows certain modifications of these credits and/or expectations through the development of a Personal Curriculum (PC). A Personal Curriculum Committee will meet to determine eligibility and modifications that are consistent with student needs and district requirements/policy.  I understand that modifications to the Michigan Merit Curriculum may limit the student's readiness to be admitted to college, be eligible for college scholarships, enter trade school, secure a job in a career choice, or be eligible								
	for NCAA athletic programs.  I understand major modifications to the MMC may not result in a Michigan diploma.							
	As an emancipated student who has chosen to participate in a PC, it is my responsibility to maintain communication quarterly with teachers regarding the areas of modification.							
	I understand that the student may or may not be eligible for further consideration of a PC, even though a PC is requested.							
	I understand that if the student does not fulfill the approved Personal Curriculum, the PC is null and void; the student is obligated to make up the classes that were waived by the PC to be eligible to graduate.							
4.	SIGNATURES							
Requested By: D			Date:					
Received By:			Date:					

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## PERSONAL CURRICULUM PLAN FOR STUDENTS WITH AN INDIVIDUALIZED EDUCATION PLAN

DIRECTIONS: This form is to be completed by the Personal Curriculum Committee. The PC Committee completes items #1 through #5. Box #6 is reserved for the superintendent, chief executive or designee.

Date:

1.	STUDENT INFO	ORMATIC	ON - Complete all sections				
Nar	ne of Student:			E	Birth Date:		Current Grade:
Sch	ool:			(	Counselor:		
Dat	e of PC Request	•		A	Anticipated Grad	uatior	Date:
2.	STUDENT CAF	REER PA	THWAY (As indicated on the most re-	cent	EDP)		
Stu	dent's Post-Scho	ool Goal:					
List	Three Possible (	Careers:	1.	2.			3.
Cho	oose interested c	areer pat	hways if applicable:				
	lealth Services		☐ Human Services ☐ Natural Resources and Agri-science				
□A	arts and Commun	ications	☐ Business Managements,	☐ Engineering/Manufacturing and Industrial			facturing and Industrial
			Marketing and Technology	Technology			
3. CREDIT MODIFICATION(S) REQUESTED – Complete all sections that apply							
A. N	MMC ENGLISH	LANGUA	GE ARTS CREDIT MODIFIC	AT	ION*		
	dified	Justificat	tion Statement:				
Con	itent/Course:						
	MMC MATH CRI						
	dified	Justificat	tion Statement:				
Con	tent/Course:						
C.	MMC ONLINE L	EARNIN	G EXPERIENCE CREDIT MO	DI	FICATION *		
	dified	Justificat	tion Statement:				
Con	itent/Course:						
D. MMC PHYSICAL EDUCATION/HEALTH CREDIT MODIFICATION *							
	dified	Justificat	tion Statement:				
Con	Content/Course:						
E. MMC SCIENCE CREDIT MODIFICATION *							
	dified	Justificat	tion Statement:				
Con	Content/Course:						
F. N	F. MMC SOCIAL SCIENCE EDUCATION CREDIT MODIFICATION *						

Modified Content/Course:	Justification Statement:							
G. MMC VISUAL P	ERFORMING ARTS CREDIT MOD	DIFICATION *						
Modified Content/Course:	Justification Statement:							
H. MMC WORLD L	ANGUAGE CREDIT MODIFICATION	ON*						
Modified Content/Course:	Justification Statement:							
4. COMMITTEE	MEMBERS' SIGNATURES - Signat	ure indicates parti	cipation in developmen	t and/or agreement with the plan				
REQUIRED PC COMI	OTHER MEMBERS							
Student:								
Parent/Guardian:		Other:						
Parent/Guardian:		Other:						
Teacher or Counselor	<u>:</u>	Other:						
Principal:		Other:	100					
*Teacher should be directly	*Teacher should be directly educating the student and have expertise in the subject area being modified.							
5. PARENT/GU	ARDIAN/STUDENT COMMITMEN	Т						
☐ I/We agree with this personal curriculum plan and understand it needs district approval in order to be implemented. I also								
understand that the district may deny the PC and that if this happens all MMC requirements would be back in place.  □ I/We understand that modifications made to the Michigan Merit Curriculum with a PC are based on a student's current								
post-school goal and that the PC may need to be amended if that goal or career pathway changes.								
☐ I/We understand that if the student does not fulfill the approved Personal Curriculum, the PC is null and void; the student								
is obligated to make up the classes that were waived by the PC to be eligible to graduate.								
☐ I/We understand that modifications to the Michigan Merit Curriculum may limit the student's readiness to be admitted to college, be eligible for college scholarships, enter trade school, secure a job in a career choice, or be eligible for NCAA athletic programs								
Signature of Student:				Date:				
Signature of Parent/Guardian:				Date:				
Signature of Parent/Guardian:				Date:				
6. DISTRICT CO	DMMITMENT							
☐ I approve this personal curriculum plan for implementation.								
☐ I deny this personal curriculum plan for implementation. See Explanation below.								
Signature of Superintendent/Designee Date:								
Actual implementation	n date (Month/Day/Year)	OR the first of	day of the school					

year.