

SPECIAL EDUCATION
WENATCHEE SCHOOL DISTRICT

SED-F057

Reviewed: _____

CREDIT CHECKLIST & GRADUATION PLAN

Student Name: _____ IEP Date: _____

Required Credit (<input type="checkbox"/> = 0.50 Credit)	Course Title	Course Taken	Course Substitution
<input type="checkbox"/> <input type="checkbox"/>	Freshman English	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Sophomore English	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Jr American Lit	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Speech Elective	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Senior English	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	World History	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	US History	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Cont. World Problems	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Citizen Wa	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Freshman PE	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Soph PE/Health	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Math	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Math	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Science	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Science	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Science	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	Fine/Perform. Art	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Occupational Ed	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Electives _____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Electives _____	_____	_____

Total No of Credits Needed: _____ Statement for Reduction of Credits: _____

GRADUATION PLAN REQUIREMENTS: Anticipated Graduation Date: _____

Requirement	Date Completed
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Student has met all Graduation Plan requirements EXIT IEP Date: _____

_____ Adult Student _____ Parent _____ IEP Coordinator _____ Adult Agency