



REQUEST for PERSONAL CURRICULUM (PC)



Date of Request: _____ School District: _____

STUDENT INFORMATION- *(Complete all sections)*

Name of Student: _____ Grade: _____

Name of Parent/Guardian: _____ Counselor: _____

Requested By: Parent Guardian Student (18 or older)

MODIFICATION REQUEST- *Select what area(s) to Michigan Merit Curriculum are in need of proposed modification(s)*

| | |
|---|---|
| English Language Arts – 4 Credits <i>(Available only to special education students.)</i> <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 | Mathematics – 4 Credits <input type="checkbox"/> Algebra 1 <input type="checkbox"/> Geometry <input type="checkbox"/> Algebra 2 <input type="checkbox"/> Additional Credit |
| Science – 3 Credits <i>(Available only to special education students.)</i> <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry or Physics <input type="checkbox"/> Additional Science | Social Studies – 3 Credits <input type="checkbox"/> World History/Geography <input type="checkbox"/> US History/Geography <input type="checkbox"/> Economics |
| Foreign Language – 2 Credits <i>(Beginning with Class of 2013)</i> <i>(Available only to special education students.)</i> <input type="checkbox"/> Spanish <input type="checkbox"/> French | Physical Education & Health – 1 Credit <input type="checkbox"/> PE <input type="checkbox"/> Health |
| <input type="checkbox"/> Online Learning Experience – 1 Credit <i>(Available only to special education students.)</i> | <input type="checkbox"/> Visual, Performing, or Applied Arts – 1 Credit |

Signatures (Parent/Guardian, Student)

Requested by: _____ Date: _____

Requested by: _____ Date: _____

The student's Personal Curriculum (PC) will be reviewed annually in conjunction with the student's Educational Development Plan (EDP)

Eligibility for Use of Personal Curriculum (PC) Modification (For Office Use Only)

A personal curriculum may be appropriate for a student who has demonstrated one or more of the following:

- Ability in a specific skill area consistent with a career pathway and/or a post-secondary goal or plan as determined by the EDP that requires additional or specialized instruction when there are limitations in time available for elective opportunities.
- Ability to succeed in accelerated or advanced math, science, English language arts, or world languages.
- Desire to complete math requirements, including the first half credit of Algebra II, through CTE or other programs.
- Eligibility for special education services and a documented need to make modifications determined to be necessary because of the student's disability.
- Lack of progress on the MMC despite documented interventions, supports, and accommodations for a student with an IEP.

Received by: _____ Date: _____

Verified by: _____ Date: _____

Sent to Parent by: _____ Date: _____