



PERSONAL CURRICULUM ELIGIBILITY DETERMINATION FORM

Coloma High School
300 W. St. Joseph Street
Coloma, MI 49038
269-468-2400

Today's Date:

1. STUDENT INFORMATION			
Name:		DOB:	
Current Grade:			
School:		Date of PC Request:	

2. SOURCES OF EVALUATION INFORMATION	(Check each document used to determine eligibility for the personal curriculum and attach the data that supports the recommendation)
<input type="checkbox"/>	EDP – career goals or pathway, educational training goals, plan of action
<input type="checkbox"/>	Date of Current IEP: _____ Eligibility Area(s): _____ IEP accommodations/modification
<input type="checkbox"/>	Current IEP goals/objectives
<input type="checkbox"/>	History of goals/objectives in the deficit area that demonstrates an inability to meet grade level course expectations.
<input type="checkbox"/>	ACT Plan/ACT Explore/ ACT Compass
<input type="checkbox"/>	Attendance/behavioral records
<input type="checkbox"/>	Curricular assessments
<input type="checkbox"/>	Grades
<input type="checkbox"/>	MEAP/MME scores
<input type="checkbox"/>	Teacher input
<input type="checkbox"/>	Course of Study
<input type="checkbox"/>	Other (specify_

3. FINDINGS:	(Check ineligible or Eligible)
<input type="checkbox"/>	INELIGIBLE (Proceed to SECTION #4)
<input type="checkbox"/>	ELIGIBLE (Check eligible curricular areas below, sign document indicating participation, and complete a Personal Curriculum Plan)
<input type="checkbox"/>	English Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Physical Education & Health
<input type="checkbox"/>	Foreign Language (Class of 2013) <input type="checkbox"/> Online Learning Experience <input type="checkbox"/> Visual, Performing, or Applied Arts

4. PC TEAM MEETING PARTICIPANTS IN ATTENDANCE (Signature indicates participation)	
Student	
Parent/Guardian	
Parent/Guardian	
Counselor/Designee	
School Psychologist/Designee (only for special education students)	
Other	
Other	