

ACTON AGUA DULCE UNIFIED SCHOOL DISTRICT
Academic Review-Credit Status

Student Name:	ID#	Class of :	DOB:	504 <input type="checkbox"/>	IEP <input type="checkbox"/>
----------------------	------------	-------------------	-------------	-------------------------------------	-------------------------------------

POST SECONDARY PLAN

Private College University of California California State University Community College Technical School Military Other

PLAN OF STUDY

COMMENTS & NOTES

SUBJECT AREA	COURSE	FALL	SPRING
English 40 credits	Literacy		
	ELA		
	English 7		
	English 8		
Social Studies 30 credits	History 6		
	History 7		
	History 8		
Science 30 credits	Science 6		
	Science 7		
	Science 8		
Math 30 credits	Math 6		
	Math 7		
	Math 8		
P.E. 30 Credits	P.E 6		
	P.E. 7		
	P.E. 8		
Electives 20 Credits			

I have reviewed my student's Plan of Study and credit status.

Parent Name _____

Parent Signature _____

Date _____

I agree to follow the Plan of Study and I understand my credit status.

Student Name _____

Student Signature _____

Date _____

For Office Use Only

Date _____ Reviewed by _____

Date _____ Reviewed by _____

Date _____ Reviewed by _____

Date _____ Reviewed by _____

Date _____ Reviewed by _____

Date _____ Reviewed by _____

ACTON AGUA DULCE UNIFIED SCHOOL DISTRICT
Academic Review-Credit Status

Student Name:	ID#	Class of :	DOB:	504 <input type="checkbox"/>	IEP <input type="checkbox"/>
---------------	-----	------------	------	------------------------------	------------------------------

POST SECONDARY PLAN

Private College University of California California State University Community College Technical School Military Other

PLAN OF STUDY

COMMENTS & NOTES

For Office Use Only

Date _____	Reviewed by _____
Date _____	Reviewed by _____
Date _____	Reviewed by _____

Date _____	Reviewed by _____
Date _____	Reviewed by _____
Date _____	Reviewed by _____