| STUDENT NAME: |  |
|---------------|--|
|               |  |

| Graduation Requirements        | 9th Grade | 10th Grade              | 11th Grade | 12th Grade | Totals |  |
|--------------------------------|-----------|-------------------------|------------|------------|--------|--|
| English (40 credits)           |           |                         |            |            |        |  |
| Math (30 credits)              |           |                         |            |            |        |  |
| Social Science (35 credits)    |           |                         |            |            |        |  |
| Science (30 credits)           |           |                         |            |            |        |  |
| Health (5 credits)             |           |                         |            |            |        |  |
| VPA (10 credits)               |           |                         |            |            |        |  |
| PE (20 credits)                |           |                         |            |            |        |  |
| CPFT?                          |           |                         |            |            |        |  |
| Technology (5 credits)         |           |                         |            |            |        |  |
| Practical Skills (5 credits)   |           |                         |            |            |        |  |
| Life Skills (5 credits)        |           |                         |            |            |        |  |
| General Electives (55 credits) |           |                         |            |            |        |  |
|                                |           |                         |            |            |        |  |
|                                |           |                         |            |            |        |  |
|                                |           |                         |            |            |        |  |
| Notes:                         |           |                         |            |            |        |  |
|                                |           |                         |            |            |        |  |
|                                |           |                         |            |            |        |  |
|                                |           |                         |            |            |        |  |
| Counselor Name:                | Date:     | e: Counselor Signature: |            |            |        |  |