



HIGH SCHOOL ONLINE LEARNING EXPERIENCE PERSONAL CURRICULUM PLAN

Start Date: _____ End Date: _____

STUDENT INFORMATION-*(Complete all sections.)*

Name: _____ DOB: _____ Current Grade: _____
 School: _____

MMC CREDIT AUDIT-*(Check when online course or learning experience was completed.)*

<input type="checkbox"/> Grade 9 Completed: _____	<input type="checkbox"/> Grade 10 Completed: _____	<input type="checkbox"/> Grade 11 Completed: _____	<input type="checkbox"/> Grade 12 Completed: _____
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MMC ONLINE LEARNING EXPERIENCE DESCRIPTION

- Requirement can be fulfilled by taking an online course or learning experience
- Requirement can be fulfilled by an online experience incorporated into each of the required MMC credits

MMC ONLINE LEARNING EXPERIENCE MODIFICATION

- Only available to special education eligible students.

CREDIT MODIFICATION REQUESTED-*(Check & date when modification was completed)*

<input type="checkbox"/> Grade 9 Completed: _____	<input type="checkbox"/> Grade 10 Completed: _____	<input type="checkbox"/> Grade 11 Completed: _____	<input type="checkbox"/> Grade 12 Completed: _____
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PERSONAL CURRICULUM-*List the expectations to achieve & indicate the method of evaluation for each expectation.)*

	Content Expectation (Special Education Only):	Evaluation Method
<input type="checkbox"/>		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
<input type="checkbox"/>		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
<input type="checkbox"/>		<input type="checkbox"/> End of course assessment <input type="checkbox"/> Other
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