

## PERSONAL CURRICULUM (PC) PLAN

INTERMEDIATE SCHOOL DISTRICT	Initial Date:
STUDENT INFORMATION	
Name:	DOB: Grade:
School:	Date of PC Request:
The committee has reviewed all eligibility criteria and has attached a plan for each of the following subject areas checked <i>(check all that apply)</i> :	
Available to all students:	Available to special education students only:
	☐ English Language Arts
☐ Social Studies	☐ Science
☐ Physical Education & Health	☐ Foreign Language
☐ Visual, Performing, or Applied Arts	Online Learning Experience
PC Team Meeting Participants in Attendance (Signature indicates participation.)	
☐ Agree ☐ Disagree	
Student:	
Parent/Guardian:	
Parent/Guardian:	
Counselor/Designee:	
Special Education Administrator/Designee:(Only for special education students)	
Other:	
Other:	
Parent/Student Commitment	
☐ Agree ☐ Disagree	
Student:	Date:
Parent:	Date:
Superintendent Commitment and Signa	iture:
☐ Agree ☐ Disagree	
Superintendent/Designee:	Date: