COURSE OF STUDY (STUDENTS EARNING CERTIFICATE OF ACHIEVEMENT/COMPLETION) (This page must be completed no later than the student's 16th birthday and every year thereafter.)

Student Name		D.O.B	Meeting Date
Employment Goal:			
<u> Fraining/Educational Goa</u>	<u>li:</u>		
ndependent Living Goal:			
CRITERIA FOR CERTIFIC	ATE OR DOCUMENT OF EDUCATION	IAL ACHIEVEMENT OR COMPLETION O	DF PROGRAM
Check all that apply:			
□ Complete Board	d approved prescribed alternate course	of study (see below)	
Meet IEP goals	during high school (describe)		
☐ Have satisfactor	ry attendance in high school and particip	ate in instruction	
☐ Certificate of Achieveme	ent or Completion awarded:		
COURSE OF STUDY	C	PATE	
COURSE OF STUDY			
The following projected course alternate course of study):	e of study is based on current district gradua The course of study may be revised if	ition requirements, student's interests and prefi the student's goals for life after public school c	rerences and is directly related to the above goals (may be an change.)
Year:	Year:	Year:	Year:

Course of study beyond high s	school to meet the above goals: (Co.	mplete if student may/will be participating in a c	district program for students 18-22):
Year:	Year:	Year:	Year: