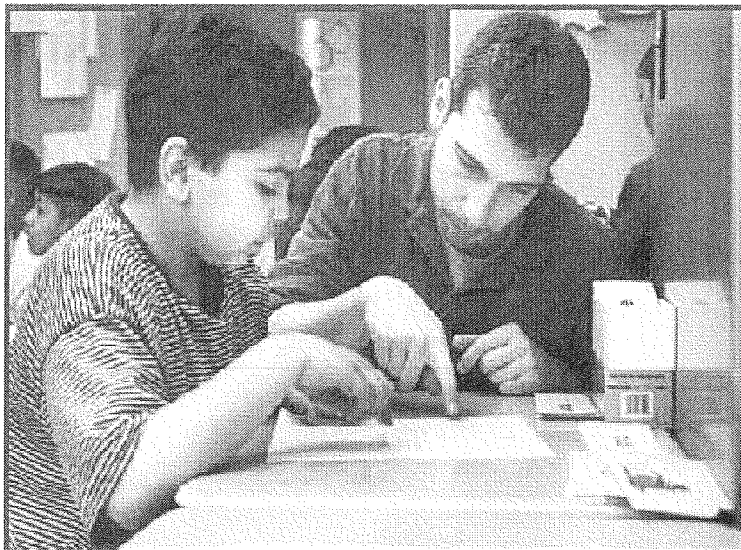




Macomb Intermediate School District

MICHIGAN MERIT CURRICULUM

PERSONAL CURRICULUM FOR STUDENTS WITH AN IEP



Personal Curriculum Application and Plan

MDE GUIDELINES AND
SUPPORTING MATERIALS

Michigan Department of Education
Personal Curriculum information
www.michigan.gov/highschool

"Personal Curriculum Information
and Documents"

The parent or legal guardian of a student, the student's teacher or counselor may request a personal curriculum that modifies certain requirements of the Michigan Merit Curriculum. The pages that follow include the PC application and the plan template for students with an IEP, including a description of allowable modifications available to general education students through the personal curriculum option.

Version: 8.13.2015



REQUEST FOR PERSONAL CURRICULUM FOR STUDENTS WITH AN IEP



Date of Request:

DIRECTIONS: This page is to be completed by the parent(s) and/or adult student, or school personnel in agreement with the parent(s) or adult student. This form needs to be submitted to the student's counselor for consideration of a personal curriculum. Following the receipt of this request, the counselor will initiate the Personal Curriculum Development process.

STUDENT INFORMATION -(Complete all sections)

| | | | |
|------------------------------|--|--------------------|--|
| Name of Student: | | Grade: | |
| Name of Parent/Guardian: | | DOB: | |
| Requested By: | <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Student <input type="checkbox"/> School Personnel <input type="checkbox"/> Other: _____ <small>(18 or older)</small> | Home Phone: | |
| Anticipated Graduation Date: | School: | Counselor/Teacher: | |

MODIFICATION REQUEST -Select what area(s) to Michigan Merit Curriculum are in need of proposed modification(s)

| | |
|---|--|
| English Language Arts - 4 Credits <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 | Mathematics - 3.5 to 4 Credits <input type="checkbox"/> Algebra 1 <input type="checkbox"/> Geometry <input type="checkbox"/> Algebra 2 <input type="checkbox"/> Additional Math Related Credit: _____ |
| Science - 3 Credits <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry or Physics <input type="checkbox"/> Additional Science: _____ | Social Studies - 3 Credits (including .5 Civics) <input type="checkbox"/> World History/Geography <input type="checkbox"/> US History/Geography <input type="checkbox"/> Economics <input type="checkbox"/> Civics |
| Physical Education & Health - 1 Credit <input type="checkbox"/> PE (required MI statute 380.1502) <input type="checkbox"/> Health (HIV/Aids instruction required 380.1169) <input type="checkbox"/> Online Learning Experience - 1 Credit <input type="checkbox"/> Career and Technical Education | World Language - 2 credits <input type="checkbox"/> _____ <input type="checkbox"/> Visual, Performing, or Applied Arts - 1 Credit |

Describe the Curriculum Modifications that you would like to have included in the PC Plan

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

SIGNATURES

| | | | | |
|---------------------------------|------|---------------|-------|--|
| Requested By: | | | Date: | |
| | Name | Position/Role | | |
| Received By: | | | Date: | |
| PC Development Team Coordinator | | | | |



**PERSONAL CURRICULUM
TIMELINE/PROCESS FOR
STUDENTS WITH AN IEP**



STUDENT INFORMATION-*(Complete all sections)*

| | | | |
|-------------------|--|--------|--|
| Name of Student: | | Grade: | |
| Name of Counselor | | DOB: | |

Personal Curriculum Purpose

The PC is a process to modify specific credit requirements and/or content expectations based on the individual learning needs of a student. It is designed to serve students who need to individualize learning requirements to meet the MMC requirements.

DIRECTIONS

This form is to be used by the student's counselor to track the Personal Curriculum process.

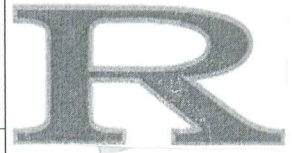
PERSONAL CURRICULUM PROCESS

- 1. PC is requested by a parent/legal guardian or emancipated student or school personnel.
- 2. Student meets Michigan Personal Curriculum application requirements.
- 3. Counselor schedules the PC Development Team committee.
 - A. Identify team members.
 - B. Send team members, student, and parent/legal guardian notice of meeting.
 - C. May not require an "in-person" meeting of the group.
- 4. Staff collects documents for team to review. (See list of documents on the Personal Curriculum Determination Form)
- 5. PC Development Team reviews the student's Education Development Plan (EDP) and vision for their future.
- 6. PC Development Team reviews necessary documents. The Personal Curriculum Determination Form and Plan are completed by the PC Development Team.
- 7. The PC must meet as much of the MMC as practicable and must include measurable goals and a method of evaluation.
- 8. The PC Development Team or group determined that the modification is consistent with both the EDP and the IEP.
- 9. The PC Plan is agreed upon by the parent or student (if the student is 18 or older).
- 10. PC paperwork is sent to the superintendent for their agreement or disagreement. Please include the following documents:
 - Request for PC
 - Determination
 - PC Plan
 - Transcript
 - EDP
- 11. Appropriate staff implements the agreed upon PC.
- 12. Revision to a PC may be made using the same process as the original PC.

Comments:



**PERSONAL CURRICULUM DETERMINATION
FORM FOR STUDENTS WITH AN IEP**



Date: _____

DIRECTIONS

This form is to be completed by the Personal Curriculum Development Team.

1. STUDENT INFORMATION

| | | | | | |
|---------|-------|---------------------|-------|----------------|-------|
| Name: | _____ | DOB: | _____ | Current Grade: | _____ |
| School: | _____ | Date of PC Request: | _____ | | |

2. SOURCES OF EVALUATION INFORMATION *(Check each document used to determine eligibility for the personal curriculum and attach the data that supports the recommendation)*

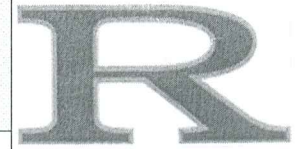
| | | | | |
|--------------------------|---|---------------------|------------------------|-------|
| <input type="checkbox"/> | Review EDP - career goals or pathway, educational training goals, plan of action | | | |
| <input type="checkbox"/> | IEP Information | Date of Current IEP | SE Eligibility Area(s) | _____ |
| <input type="checkbox"/> | Review Current IEP accommodations/modifications | | | |
| <input type="checkbox"/> | Review Current IEP goals/objectives | | | |
| <input type="checkbox"/> | Review History of goals/objectives in the deficit area that demonstrates an inability to meet grade level course expectations | | | |
| <input type="checkbox"/> | Review District and State Assessments | | | |
| <input type="checkbox"/> | Review Attendance/behavioral records | | | |
| <input type="checkbox"/> | Review Curricular Assessments | | | |
| <input type="checkbox"/> | Review Grades and/or transcripts - attach current copy of transcript. | | | |
| <input type="checkbox"/> | Teacher input | | | |
| <input type="checkbox"/> | Course of study leading to a diploma | | | |
| <input type="checkbox"/> | Other (specify) | | | |

3. PC TEAM PARTICIPANTS *(Signature indicates participation)*

| | Print Name | Signatures |
|---------------------------|------------|------------|
| Student | _____ | _____ |
| Parent/Guardian | _____ | _____ |
| Parent/Guardian | _____ | _____ |
| Counselor/Designee | _____ | _____ |
| School Psychologist | _____ | _____ |
| Special Education Teacher | _____ | _____ |
| General Education Teacher | _____ | _____ |
| Administrator | _____ | _____ |
| Other: | _____ | _____ |
| Other: | _____ | _____ |



**PERSONAL CURRICULUM FOR STUDENTS
WITH AN IEP**



Date: _____

1. STUDENT INFORMATION-*(Complete all sections.)*

| | | |
|---------|--------------------|----------------|
| Name: | DOB: | Current Grade: |
| School: | Counselor/Teacher: | |

2. COMMITTEE MEMBERS' SIGNATURES-*(Signature indicates participation)*

| | |
|----------------------------------|---|
| PC PLAN DEVELOPMENT TEAM MEMBERS | |
| Student | Principal/Administrator |
| Parent/Guardian | Content Area Teacher |
| Parent/Guardian | Special Education Teacher or Consultant |
| High School Counselor/Designee | Other |
| School Psychologist | Other |

3. STUDENT CAREER PATHWAY AS INDICATED ON THE MOST RECENT EDP

| | | | |
|---|--|--|----------|
| <input type="checkbox"/> Arts and Communication | <input type="checkbox"/> Business Management, Marketing and Technology | <input type="checkbox"/> Engineering/Manufacturing and Industrial Technology | |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Human Services | <input type="checkbox"/> Natural Resources and Agriscience | |
| List Three Careers | 1. _____ | 2. _____ | 3. _____ |
| Student's Career Vision | | | |

4. MMC CREDIT AUDIT-*(Check which credits have already been earned & enter date of completion. 4 credits are required.)*

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Grade 9 Number of Credits Completed: | <input type="checkbox"/> Grade 10 Number of Credits Completed: | <input type="checkbox"/> Grade 11 Number of Credits Completed: | <input type="checkbox"/> Grade 12 Number of Credits Completed: |
|---|--|--|--|

5. MMC ENGLISH LANGUAGE ARTS CREDIT MODIFICATION

If area is checked, describe modification(s):

6. MMC MATH CREDIT MODIFICATION

If area is checked, describe modification(s):

STUDENT NAME

Name: _____

7. MMC SCIENCE LANGUAGE ARTS CREDIT MODIFICATION

If area is checked, describe modification(s):

8. MMC SOCIAL STUDIES CREDIT MODIFICATION

If area is checked, describe modification(s):

9. MMC VISUAL PERFORMING ARTS CREDIT MODIFICATION

If area is checked, describe modification(s):

10. MMC PHYSICAL EDUCATION CREDIT MODIFICATION

If area is checked, describe modification(s):

11. MMC ONLINE LEARNING EXPERIENCE CREDIT MODIFICATION

If area is checked, describe modification(s):

12. MMC WORLD LANGUAGES CREDIT MODIFICATION

If area is checked, describe modification(s):

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

| |
|--|
| 13. CAREER AND TECHNICAL MODIFICATION |
| <input type="checkbox"/> If area is checked, describe modification(s): |
| |

| | | |
|--|-------------------------------|--------------|
| 14. IMPLEMENTATION DATE Actual: _____ | OR the first day of the _____ | school year. |
|--|-------------------------------|--------------|

| | | |
|---|--|-------|
| 15. PARENT AND/OR STUDENT AGREEMENT (Student agreement is required if over 18) | | |
| <input type="checkbox"/> | I agree to allow implementation of this personal curriculum plan. | |
| <input type="checkbox"/> | I disagree with the implementation of this personal curriculum plan. | |
| | Reason for Disagreement (Optional): | |
| Signature of Parent or Student (if the student is over 18) | | Date: |
| Print Name: | | |

| | | |
|--------------------------------------|--|-------|
| 16. DISTRICT AGREEMENT | | |
| <input type="checkbox"/> | I agree to allow implementation of this personal curriculum plan. | |
| <input type="checkbox"/> | I disagree with the implementation of this personal curriculum plan. | |
| Signature of Superintendent/Designee | | Date: |
| Print Name: | | |



PERSONAL CURRICULUM FOR STUDENTS
WITH AN IEP
TRACKING RECORD

Date:

STUDENT NAME

Name:

PERSONAL CURRICULUM HIGH SCHOOL CONTENT EXPECTATION TRACKING RECORD

| HIGH SCHOOL CONTENT EXPECTATIONS ALIGNMENT RECORD (Check BOX if PC allows modification) | DATE OF COMPLETION - CRITERIA MET FOR CREDIT | NAME OF COUNSELOR WHO VERIFIED CREDIT COMPLETION |
|---|--|--|
| <input type="checkbox"/> ENGLISH LANGUAGE ARTS | | |
| <input type="checkbox"/> MATH | | |
| <input type="checkbox"/> SCIENCE | | |
| <input type="checkbox"/> SOCIAL STUDIES | | |
| <input type="checkbox"/> VISUAL PERFORMING APPLIED ARTS | | |
| <input type="checkbox"/> PHYSICAL EDUCATION AND HEALTH | | |
| <input type="checkbox"/> ONLINE LEARNING EXPERIENCE | | |
| <input type="checkbox"/> WORLD LANGUAGES | | |
| <input type="checkbox"/> CAREER AND TECHNICAL EDUCATION | | |