

Adult Transition Program High School Individualized Graduation Plan

STUDENT NAME	Last:			First:			Middle:		
STUDENT ID#		GRADE		SCOPE		SPED CM			
COUNSELOR		HST		SPED Transition Teacher		Date IGP Revised			

Course	Grad. Req.	ATP Year 1		ATP Year 2		ATP Year 3		ATP Year 4	
		Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
ATP Vocational	40								
ATP Functional	40								
ATP English	40								
ATP Math	40								
Electives <small>(Students may choose additional electives from the elective catalog)</small>	40								
Total Credits	200								

REFER TO SIGNED IEP DATED:

*For any questions about the CofC IGP, refer to the IEP team.