

Certificate of Completion 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.	Grade 9		Grade 10		Grade 11		Grade 12	
		Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
Life Skills - Social Science	40								
Life Skills -English	40								
Life Skills - Mathematics	40								
Life Skills - Science	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.