



PERSONAL CURRICULUM ELIGIBILITY DETERMINATION FORM

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

Today's Date: _____

1. STUDENT INFORMATION		
Name:	DOB:	Current Grade:
School:	Date of PC Request:	

2. Personal Curriculum Committee Members		
Student:	General Ed. Teacher:	Other:
Parent:	Principal:	Other:
Counselor:	School Psych:	Other:

3. SOURCES OF EVALUATION INFORMATION <i>(Check each document used to determine eligibility for the PC and attach data that supports the recommendation when applicable)</i>		
<input type="checkbox"/>	EDP (If this box is not checked, PC will not be processed or approved.)	
<input type="checkbox"/>	ACT Explore/ACT Plan/ACT and/or other Curricular assessments	
<input type="checkbox"/>	Attendance/behavioral records	
<input type="checkbox"/>	Previous Grades	
<input type="checkbox"/>	MEAP/MI Merit Exam scores	
<input type="checkbox"/>	Teacher/Parent Input	
<input type="checkbox"/>	Documented lack of progress in the MI Merit Curriculum	
<input type="checkbox"/>	Documented accommodations, interventions and support	
<input type="checkbox"/>	IEP Information	Date of Current IEP
	Eligibility Area(s)	
<input type="checkbox"/>	IEP accommodations/modification and Current IEP goals/objectives	
<input type="checkbox"/>	History of goals/objectives in the deficit area that demonstrates an inability to meet grade level course expectations	
<input type="checkbox"/>	Other (specify)	

4. FINDINGS:		
<input type="checkbox"/>	INELIGIBLE Explain and Sign Below: _____	
<input type="checkbox"/>	ELIGIBLE <i>(Check areas below, sign this document & complete the Personal Curriculum Plan form)</i>	
<input type="checkbox"/>	<input type="checkbox"/> English Language Arts	<input type="checkbox"/> Mathematics
<input type="checkbox"/>	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Science
<input type="checkbox"/>	<input type="checkbox"/> Online Learning Experience	<input type="checkbox"/> Physical education & Health
	<input type="checkbox"/> Visual, Performing, or Applied Arts	<input type="checkbox"/> Social Studies
Counselor's Signature: _____		Date: _____
Superintendent/ Designee Signature: _____		Date: _____