

DEHESA CHARTER SCHOOL

High School Personalized Learning Plan

Year: _____ Fall / Spring (circle one) Univ Bound Gen Ed

Student Name: _____ Student Number: _____ Birthdate: _____

EF Name: _____ EF Number: _____ Grade: _____

1. Please refer to DCS graduation requirements and student transcripts before completing this semester learning plan.
2. Credits will be awarded upon completion of the learning outcomes (according to the DCS course description). List the titles of the courses in accordance with the DCS course list.
3. School Director approval is required for students to be enrolled in less than 25 or more than 35 credits at one time. A letter of explanation **MUST** accompany the request.

Subject	Course Title*	Credits
Math		
English		
Social Science		
Science		
PE		
Electives:		

Key: R=Repeated course

*Specify complete course title (English 9B, US History A, Algebra 1B, Photography A, etc.)

Parent/ Legal Guardian Signature

Date

Student Signature

Date

Educational Facilitator Signature

Date

Add Drop _____
(Course title)

_____/_____
Student/Parent Initials (Date)

Add Drop _____
(Course title)

_____/_____
Student/Parent Initials (Date)

Add Drop _____
(Course title)

_____/_____
Student/Parent Initials (Date)

Add Drop _____
(Course title)

_____/_____
Student/Parent Initials (Date)

Add Drop _____
(Course title)

_____/_____
Student/Parent Initials (Date)

FOR OFFICE USE ONLY: SPECIAL APPROVAL

Student to receive partial credits in a course

School Counselor

Date

Student to take more than 35 or less than 25 credits in one semester

School Director

Date