



Reduced Credit Diploma Checklist

The following checklist must be dated and initialed with all forms read, completed in their entirety, and signed. Checklists and forms that have not been filled out appropriately will **NOT** be submitted for approval.

Give one copy to parent/guardian and place one copy in student's file

<u>Date Task was Completed</u>	<u>Task</u>	<u>Initial</u>
1. _____	Transcript Reviewed/Accuplacer	_____
2. _____	Age Verified	_____
3. _____	Retention History -- yes/no (Grade(s) _____)	_____
4. _____	Counselor/student consultation	_____
5. _____	Counselor & parent/guardian consultation	_____
6. _____	Counselor & administrator consultation	_____
7. _____	Completed paperwork submitted to counselor	_____
8. _____	Submitted to Asst. Superintendent of C&I for Approval	_____
9. _____	Current Attendance and Grades	_____

The Reason for Reduced Credit Request: *Please attach an additional sheet(s) if needed.*

☐ Upon Completion of: _____

☐ Other: _____

Chief Academic Officer of Curriculum and Instruction:

_____ Approved

_____ Not Approved

Reason:

*****Upon approval, the assigned counselor will consult with the student on the following dates to check student progress:**

1st Semester (no later than) **November 4, 2024** _____

2nd Semester (no later than) **March 10, 2025** _____

Reviewed and Signed by:

Student

Date:

Parent/Guardian

Date:

Counselor

Date:

Principal

Date:

Chief Academic Officer of Curriculum & Instruction

Date: