



Extended Diploma Plan and Contract

Student Name: _____ PPS ID#: _____ School: _____ Date: _____

Credit Plan

Language Arts 2.0 Credits

Grade 9	Location	Credits
Grade 10	Location	Credits
Grade 11	Location	Credits
Grade 12	Location	Credits

Mathematics 2.0 Credits

Grade 9	Location	Credits
Grade 10	Location	Credits
Grade 11	Location	Credits
Grade 12	Location	Credits

Science 2.0 Credits

Grade 9	Location	Credits
Grade 10	Location	Credits
Grade 11	Location	Credits
Grade 12	Location	Credits

Social Science 2.0 Credits

Grade 9	Location	Credits
Grade 10	Location	Credits
Grade 11	Location	Credits
Grade 12	Location	Credits

The Arts/Second Language/CTE 1.0 Credits

Grade 9	Location	Credits
Grade 10	Location	Credits
Grade 11	Location	Credits
Grade 12	Location	Credits

Physical Education 1.0 Credits

Grade 9	Location	Credits
Grade 10	Location	Credits
Grade 11	Location	Credits
Grade 12	Location	Credits

Health Education 1.0 Credits

Grade 9	Location	Credits
Grade 10	Location	Credits
Grade 11	Location	Credits
Grade 12	Location	Credits

Total Credits



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Contract

1. An extended diploma signifies the successful completion of a modified high school program with modified course choices and/or modified curriculum, course expectations and grades.
2. No more than 6 of the 12 required credits may be earned in a self-contained class setting.
3. Upon graduation, the student's transcript will reflect that an extended diploma was granted.
4. The pass/no pass or letter grading option may be utilized in a modified course. A "NP" is zero units of credit. A "P" will accumulate credits.
5. No grade point average will be computed.
6. I understand that my child cannot directly enter a four-year college and may be required to complete pre-requisite courses to enter a community college with an extended diploma. Other post-secondary opportunities may also be limited.
7. I understand that once it is agreed that my child will pursue an extended diploma and his/her academic program has been modified, a return to the regular diploma plan will require a team decision. This may require work beyond the usual 4 years (9-12)

I/We agree with the Extended Diploma Contract and have reviewed the Extended Diploma Plan.

Parent/Guardian _____	Date _____	Yes	No
Signature			
Parent/Guardian _____	Date _____	Yes	No
Signature			
Student _____	Date _____	Yes	No
Signature			
Counselor _____	Date _____	Yes	No
Signature			
Case Manager _____	Date _____	Yes	No
Signature			
Administrator _____	Date _____	Yes	No
Signature			
Other _____	Date _____	Yes	No
Signature			
Other _____	Date _____	Yes	No
Signature			
Other _____	Date _____	Yes	No
Signature			

c: Student Learning File; Parent/Guardian; Case Manager; Counselor; Student, Records Clerk, school registrar