Regional Safe School Program Of Lake County

Course of Study Recommendations

Student _____ Grade _____ Date _____

Home School _____ District Liaison _____

Academic Counselor _____ Phone/Email _____

Please enter the student's current schedule and any transfer grades **(percentages)** below.

Course	Current Grade %	**Course**	Current Grade %

Will the student need to take the following exams?

U. S. Constitution Exam ☐ Required ☐ Not Required Illinois Constitution Exam ☐ Required ☐ Not Required

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High School Students Only

Please enter the number of credits the student needs to complete graduation requirements and the number already earned.

Academic Subjects	**Total Credits Required**	**Total Credits Earned**	**Specific Courses Required or Recommended**
English			
Mathematics			
History / Social Studies			
Science			
Physical / Fitness Education			
Health			
Electives			
Other:			
Other:			
Total Number of Credits:			

Notes: _____

* Illinois State Course Codes for the above courses can be found on our website: www.roealt34.net