

NAME: _____ ID: _____ PUBLIC SERVICES ENDORSEMENT Program of Study: Diagnostic & Therapeutic Services

Cohort: _____ DATE PLAN AMENDED: _____ Add _____ Replace Program of Study: _____

FOUR YEAR GRADUATION PLAN

Graduation Credit Requirement – 26 credits	9 th Grade School Yr: _____	Credit	10 th Grade School Yr: _____	Credit	11 th Grade School Yr: _____	Credit	12 th Grade School Yr: _____	Credit
English – 4 credits	English I		English II		English III		English IV	
Math – 4 credits	Algebra I/Algebra II		Algebra II/Geometry		Geometry/Advanced Math		Advanced Math	
Science – 4 credits	Biology/Chemistry		Chem./Physics/Adv. Sci.		Advanced Science		Advanced Science	
Social Studies – 4 credits	World Geography		World History		U.S. History		Government/Economics	
Foreign Language – 2 credits								
Fine Arts – 1 credit								
PE – 1.0 credit								
PROGRAM OF STUDY & Electives – 6 credits	Prin. of Health Science		Medical Terminology		Health Science Theory		Practicum in Health Science	
Elective					Medical Microbiology			
Elective					Anatomy/Physiology			
Elective								
Elective								
CREDITS FROM MS								
<i>Total Credits</i>								

GRADE CLASSIFICATION	FINANCIAL AID – 12th	PERFORMANCE ACKNOWLEDGEMENTS	ALIGNED CTE INDUSTRY-BASED CERTIFICATIONS/LICENSES
9th 0-6½ CREDITS	FAFSA <input type="checkbox"/>		Certified Clinical Medical Assistant (CCMA)
10th 7	Date Completed:		Certified Nurse Aide (CNA) – DHS Only
11th 14	College Applications <input type="checkbox"/>		Certified Patient Care Technician (PCT)
12th 20	Scholarships <input type="checkbox"/>		Certified Pharmacy Technician (CPhT)
Graduate 26 CREDITS	College Readiness Tests <input type="checkbox"/>		

POSTSECONDARY OPPORTUNITIES/GOALS:

Enter Workforce
 Earn College Certificate
 Earn Associate
 Earn Bachelor's
 Earn Master's/Professional Studies

POSSIBLE COLLEGE MAJORS:

Nuclear Medical Technology
 Magnetic Resonance Imaging (MRI) Tech.
 Nursing
 Surgical Technology
 Biomedical Science
 Rehabilitation Services

NOTES:

Student Signature: _____ Parent Signature: _____ DATE: _____ Counselor: _____