



## Student Success Plan

### RAS Student Credit Checklist

**Student Name:** \_\_\_\_\_

**Home School:** \_\_\_\_\_

**Projected Graduation Date:** \_\_\_\_\_

**Remaining Credits Needed for Graduation:** \_\_\_\_\_

**Credits Earned to Date:** \_\_\_\_\_

**Courses Still Needed for Graduation:**  
(To be completed by Home School Administration/Counselor)

**Alternative School Courses:**                      **Semester/Ind. St.**  
(To be completed by Alternative School Coordinator)

Electives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language Arts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Math: \_\_\_\_\_

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Science: \_\_\_\_\_

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Social Studies: \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Other Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have the following requirements been fulfilled:**

US Constitution \_\_\_\_ YES \_\_\_\_ NO

Health \_\_\_\_ YES \_\_\_\_ NO

Consumer Economics \_\_\_\_ YES \_\_\_\_ NO

ACT \_\_\_\_ YES \_\_\_\_ NO

Is Driver's Education Required? \_\_\_\_ YES \_\_\_\_ NO

PSAE \_\_\_\_ YES \_\_\_\_ NO

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home School Admin./Counselor Signature \_\_\_\_\_

Date: \_\_\_\_\_