



# 7<sup>th</sup> – 12<sup>th</sup> Grade Evaluation

<b>Student Name:</b> _____ <b>Grade Level:</b> _____ <b>Parent Name:</b> _____ <b>Parent Phone #:</b> _____ <b>Current School Year:</b> 16-17 <b>Current Date:</b> <input type="checkbox"/> Fall/ 1 <sup>st</sup> semester <input type="checkbox"/> Spring/ 2 <sup>nd</sup> semester	<b>Office Use Only:</b>    <b>Advisor Signature:</b> <b>Please note if submitting college course grades, we do need an official transcript at year end.</b>
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**Parent Signature:** \_\_\_\_\_

**Semester Credit is 90 hours = ½ credit    All Year is 180 hours = 1 credit**

**For any course taken from another educational institution you must also attach a grade sheet provided by that institution. (UAA, APU, etc)**

**Logs showing at least 90 hours must be available for review for courses that are not defined as a specific body of knowledge. Please make sure date, activity and time spent are referenced (PE, music, art, volunteer work experience, etc.)**

**Co-operative work experience = 112.5 hours (please submit pay stubs for verification)**

**Please make sure you grades match the course subjects you have for your online ILP's.**

<b>Specific Course Title:</b> _____	<b>ASD Course #</b> _____	
<b>Grade Earned:</b> _____	<b>Credit Earned:</b> _____	<input type="checkbox"/> ½ Credit (semester) <input type="checkbox"/> ¼ Credit (quarter-progress only)
<input type="checkbox"/> Parent Graded <input type="checkbox"/> ASD Graded	<input type="checkbox"/> UAA Graded	<input type="checkbox"/> Other _____

**Comments:**

**Date course was finished:**

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