

Migrant Credit Check Form

Student: _____

Grade: _____

Date: _____

Foundation High School Program

Instructions: Check boxes to indicate completed courses and credits. If known, highlight credits toward endorsements.

English Language Arts (4)	Semester	Credit	Total	Comments
<input type="checkbox"/> English I <input type="checkbox"/> English II <input type="checkbox"/> English III <input type="checkbox"/> Advanced English – List class: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1		
Mathematics (3)	Semester	Credit	Total	Comments
<input type="checkbox"/> Algebra I <input type="checkbox"/> Geometry <input type="checkbox"/> Advanced Math – List class: _____ <input type="checkbox"/> Other – List class _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1		
Science (3)	Semester	Credit	Total	Comments
<input type="checkbox"/> Biology <input type="checkbox"/> Integrated Physics and Chemistry (IPC) OR <input type="checkbox"/> Advanced Science – List class: _____ <input type="checkbox"/> Advanced Science – List class: _____ <input type="checkbox"/> Other – List class _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1		
Social Studies (3)	Semester	Credit	Total	Comments
<input type="checkbox"/> World Geography OR <input type="checkbox"/> World History <input type="checkbox"/> US History <input type="checkbox"/> US Government (1/2 only) <input type="checkbox"/> Economics (1/2 only)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1		
Physical Education (1)	Semester	Credit	Total	Comments
List class or classes: <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1		
Language Other Than English (2)	Semester	Credit	Total	Comments
List class or classes: <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1		
Fine Arts (1)	Semester	Credit	Total	Comments
List class or classes: <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1		
Electives (5)	Semester	Credit	Total	Comments
List class or classes: <input type="checkbox"/> Speech or <input type="checkbox"/> Speech Proficiency Documentation <input type="checkbox"/> Health or <input type="checkbox"/> CPR Training Documentation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Peace Officer Training Documentation	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1		
Local Electives	Semester	Credit	Total	Comments
List class or classes: <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1/2 or <input type="checkbox"/> 1 <input type="checkbox"/> 1/2 or <input type="checkbox"/> 1		

Migrant Credit Check Form

Student:

Grade:

Date:

Endorsements: To earn an endorsement, a 4th math and science credit must be earned.

Endorsement: <i>Check boxes to indicate student selected endorsements.</i>	List Courses needed: <i>If known, list classes needed to complete endorsement and/or check with counselor.</i>	Comments:
<input type="checkbox"/> STEM		
<input type="checkbox"/> Business and Industry		
<input type="checkbox"/> Public Service		
<input type="checkbox"/> Arts and Humanities		
<input type="checkbox"/> Multidisciplinary		

STAAR End of Course Exams

STAAR End of Course Exam: <i>Check box for each completed exam.</i>	Status <i>If Exempt, list state that awarded course credit.</i>	
<input type="checkbox"/> Algebra I	<input type="checkbox"/> Passed <input type="checkbox"/> Exempt:	<input type="checkbox"/> Documentation on File.
<input type="checkbox"/> Biology	<input type="checkbox"/> Passed <input type="checkbox"/> Exempt	<input type="checkbox"/> Documentation on File.
<input type="checkbox"/> English I	<input type="checkbox"/> Passed <input type="checkbox"/> Exempt	<input type="checkbox"/> Documentation on File.
<input type="checkbox"/> Algebra II	<input type="checkbox"/> Passed <input type="checkbox"/> Exempt	<input type="checkbox"/> Documentation on File.
<input type="checkbox"/> US History	<input type="checkbox"/> Passed <input type="checkbox"/> Exempt	<input type="checkbox"/> Documentation on File.

_____ # Foundation Credits
 _____ # Unduplicated Endorsement Credits
 _____ Total