

## GRADUATION OPTIONS PLAN

Name \_\_\_\_\_ School \_\_\_\_\_  
 Completed by: \_\_\_\_\_ Date \_\_\_\_\_

**State the barriers to completing high school as identified by the student.\***

  
  
  

**Possible Options for Students At-Risk of Dropping Out of School**  
 Check all options considered and accepted. If an option was considered but not accepted, indicate reason.  
 Options considered should be directly related to the barriers identified above.

Options	Considered	Accepted	Reason(s) Not Accepted
Parent/Teacher/Student Conference			
Student/Teacher Mediation			
Credit Recovery (identify courses)			
On-line Courses			
Schedule Changes			
Remedial Education			
Day Care			
Other (specify)			
Other (specify)			

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Parent Signature Date

\_\_\_\_\_  
 School Staff Signature Date

\_\_\_\_\_  
 Principal's Signature of Approval Date