



**PROGRAM PLANNING CHECK LIST**  
**Dixon High School**  
**2020-2021**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID # \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**What is your post-secondary goal?**

Note: For information on all courses at DHS, please see the 2020-2021 Course Catalog on the DHS Website or pick up a hard copy in the counseling office.

Instructions: Plan for next year by completing the following steps on this form. Your counselor will meet with you in the next several weeks to help schedule your classes.

**Step 1: Please list the Math class you intend to take next school year and attach your teacher recommendation form.**

In 20-21, I plan to take \_\_\_\_\_  
(provide a transcript to determine appropriate placement)

**Step 2: Choose your English and Social Science classes by checking the appropriate class for each.**

- \_\_\_\_\_ English 12    **OR**    \_\_\_\_\_ AP Lang/Lit (Contract Required)
- \_\_\_\_\_ Civics/Econ    **OR**    \_\_\_\_\_ AP US Government/Econ (Contract Required)
- \_\_\_\_\_ Public Service Academy (Assigned by Teacher)

**Step 3: Choose your science class.**

- \_\_\_\_\_ AP Environmental Science (Contract Required)
- \_\_\_\_\_ AP Biology (Contract Required)
- \_\_\_\_\_ Physiology
- \_\_\_\_\_ Chemistry and the Environment
- \_\_\_\_\_ Physics
- \_\_\_\_\_ Honors Physics (Contract Required)
- \_\_\_\_\_ Animal Science (Ag)
- \_\_\_\_\_ Other plan(s)? \_\_\_\_\_

**Step 4: Do you plan on enrolling in a PE class? If so, choose from the classes below.**

- PE 10/12
- Weightlifting
- Yoga
- I do not plan on taking PE.

**Step 5: Plan your daily schedule.**

How many classes do you plan to take in a day?

- 5
- 6
- 7

Are you willing to take a 0 period, if it fits with your schedule?

- Yes
- No

**Step 6: List your top four elective choices below. Be aware of which electives require teacher approval/submission and which electives meet a-g requirements. (see the elective sheet)**

- 1<sup>st</sup> Choice: \_\_\_\_\_
- 2<sup>nd</sup> Choice: \_\_\_\_\_
- 3<sup>rd</sup> Choice: \_\_\_\_\_
- 4<sup>th</sup> Choice: \_\_\_\_\_

**Step 7: Are there any courses you need to repeat due to not passing in prior terms or to meet A-G requirements? If so, please list them.**

**Step 8: Discuss your plans with a parent and have them sign below. Your counselor will help answer any questions and finalize your schedule when you meet.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Questions or Concerns???**

