**Shenandoah High School**



Diploma Decision Form IC 20-32-4

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In attendance: Yes 🞎 No 🞎

**Reason for meeting:**

🞎 Parents request to exempt student from Core 40 (IC 20-32-4-7)

🞎 Student has received failing grades in three courses required for the Core 40 diploma (IC 20-32-4-8)

🞎 Students scoring at twenty-fifth percentile or lower on graduation examination (IC 20-32-4-9)

**Communication with Parent/Guardian regarding student progress:**

Telephone call to parent regarding student progress: Day & Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Spoke with parent 🞎 Left message with another individual

🞎Left recorded message 🞎 No answer or no machine for message

First written request mailed (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second written request mailed (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transcript Review:**

Core 40 credits earned to date: \_\_\_\_\_\_ GQE Scores: **English** 🞎 Pass 🗆 DNP **Math** 🗆 Pass 🞎DNP

**Post-Secondary Plan:**

Career Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-Secondary Plan

🞎 2 Yr College 🞎4 Yr College 🞎 Technical Trade School 🞎 Military   
 🞎 Workforce 🞎 Apprenticeship 🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian understands that as a general rule without a Core 40 Diploma:**

* Students may not be prepared to pass the Indiana ISTEP+ GQE required for graduation.
* Students may not be admitted to most four-year colleges but could attend a four-year college via transfer from

Ivy Tech and/or Vincennes University.

* Some students may be less prepared for and less competitive in the workforce.

**Diploma Track**

The parent and student have determined that the student will achieve greater education benefits by completing:

🞎 **General Diploma** 🞎 **Core 40 Diploma**

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Student Signature Date Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Counselor Signature Date