

**PULASKI COUNTY SPECIAL SCHOOL DISTRICT  
Counselor's Credit Review Worksheet**

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Sending School:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_

*Please place a "P" for each semester passed in a course by the student and an "E" for courses in which the student is currently enrolled. Please list the course title if not listed (example: Math - Algebra I).*

<b>Course Title</b>	<b>First Semester</b>	<b>Second Semester</b>
<b>English</b>		
English I		
English II		
English III		
English IV		
<b>Mathematics</b>		
Math: _____		
Math: _____		
Math: _____		
<b>Science</b>		
Science Technology III _____		
Science: _____		
Science: _____		
<b>Social Studies</b>		
SS: _____		
SS: _____		
American History		
<b>Other Required Courses</b>		
Health		
Keyboarding		
P.E.		
Fine Arts:		
Oral Communication		
<b>Electives</b>		

Recommended courses to be pursued at the PCSSD Learning Academy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_