

Graduation Transitions – “Requirement Met” Report

Student Name (in full): _____ School: _____

Student Number: _____ HR _____ Expected Year of Graduation: _____

Students: This document tracks all of the components you complete for the “Program Guide for Graduation Transitions”. Please do not lose this and keep it in excellent condition. It will be used to verify that you have earned the four credits required for graduation.

PERSONAL HEALTH	REQUIREMENT MET
1. 150 minutes of moderate to vigorous physical activity <input type="checkbox"/> Gr. 10 <input type="checkbox"/> Gr. 11	(Teacher Initials Only) <input type="checkbox"/> _____
2. Long-term Personal Healthy Living Plan that describes:	
a) Sound Nutritional Habits	<input type="checkbox"/> _____
b) Regular Exercise Routines	<input type="checkbox"/> _____
c) Emotional Health Management	<input type="checkbox"/> _____
d) Positive Health Choices	<input type="checkbox"/> _____
COMMUNITY CONNECTIONS	REQUIREMENT MET
1. Participate in 30 Hours of work experience and/or community service	(Teacher Initials Only) <input type="checkbox"/> _____
2. Reflect on Work/Community Experience:	
a) Describe the Duties Performed	<input type="checkbox"/> _____
b) Describe the Employability/Life Skills Connections	<input type="checkbox"/> _____
c) Describe the Benefits to the Community and to Self	<input type="checkbox"/> _____
CAREER AND LIFE (Grade 12 Preferable)	REQUIREMENT MET
1. Develop a Comprehensive Transition Plan that:	
a) Supports career, life and learning goals	<input type="checkbox"/> _____
b) Reflects on the development of the attributes of a BC graduate	<input type="checkbox"/> _____
c) Identifies and communicates the costs/funding sources associated with education, career, and life options after graduation	<input type="checkbox"/> _____
2. Present selected components of the Transition Plan to school and/or community members	<input type="checkbox"/> _____

By meeting the requirements for all of the components above, this student has completed the “Program Guide to Graduation Transitions” and has earned four credits required for graduation.

Authorizing Name: _____

Signature: _____

Position: _____

Date: _____