

CCCHS JR/SR HIGH ISP GOAL & ACCOMPLISHMENT SHEET

Name: _____

Date: _____

Please mail, drop-off, or fax this sheet to CCCHS a week before your scheduled appointment with the ISP coordinator.

Fax: 925-934-4966 **Address:** 2721 Larkey Lane, Walnut Creek, CA 94598

| Subject | Work Accomplished | Goals for Next Month |
|--|-------------------|----------------------|
| English | | |
| Math (Write in actual course title) | | |
| Social Studies (Write in actual course title) | | |
| Science(Write in actual course title) | | |
| PE | | |
| Elective (Write in actual course title) | | |
| Elective (Write in actual course title) | | |
| Bible | | |

Please help me in the following areas: