

Entering High School Student Transcript Evaluation Sheet

Date _____

Counselor _____

Name _____

Student # _____

Current Grade Level _____ Entering from (school) _____

FCAT Scores: **Reading** _____ Date Passed _____ **Math** _____ Date Passed _____

9 th Course #	Course Title	Crdt Att	Sem 1	Sem 2	Yr Avg	Crdt Earned		10 th Course #	Course Title	Crdt Att	Sem 1	Sem 2	Yr Avg	Crdt Earned
	English								English					
Total credits this year →								Total credits this year →						

11 th Course #	Course Title	Crdt Att	Sem 1	Sem 2	Yr Avg	Crdt Earned		12 th Course #	Course Title	Crdt Att	Sem 1	Sem 2	Yr Avg	Crdt Earned
	English								English					
Total credits this year →								Total credits this year →						

This evaluation completed by _____ Date _____