Family & Consumer Sciences Department Completer Record
Graduating Class of _____

School: **Teacher(s):**

Program(s) of Study:

		Semester Courses														Year Courses *													Across the Board		
Student Name	Triand # (Please be cautious with this form and keep locked in a secure location.)	Chemistry of Food	Child Development	Clothing Mgmt.	Clothing Mgmt. II	Customer Relations	Food & Nutrition	Food Safety	Housing & Interior	Human Relations	Intro. Cul. Arts	Leadership & Service	Pers. & Family Fin.	Nutrition & Wellness	Parenting	FACS 8th Grade	FACS	Family Dynamics	Child Care Guid.	Culinary Arts 1	Culinary Arts 2	Consumer Services	Food Production	Entrepreneurial Exp.	ProStart Year 1	ProStart Year 2	Orient. Teaching 1	Orient. Teaching 2	JAG	Workforce Tech.	Workplace Read.
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*** FACS 8th Grade does not count toward the 3 units required. It only meets the core course requirement.**
This alters the definition of a Completer for those students. Please consult with the State Office if you are unclear on this adjustment.

Total Number of Completers in Each Program of Study offered:

_____ _____

_____ _____

_____ _____

(Use multiple sheets if necessary. Begin records as students enter your classes.
Update yearly. Maintain on file for 4 years after graduation.)

09/13 SKJ