

**WEST POINT CONSOLIDATED SCHOOL DISTRICT
2024-2025 PACING GUIDE CHECKLIST**

LAW RELATED EDUCATION

Please complete this form for SY2024-2025. By each standard, click in the box under the term. If you selected in error, just click on the box again and the x will disappear.

School: West Point High School

Person completing this form: Paula Crawford

Date: 2/13/24

Please return this form to Marilyn Searcy:
Email: marilyn.searcy@westpoint.k12.ms.us

| LAW RELATED EDUCATION | | | | |
|-----------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| LRE.1 | TERM 1 | TERM 2 | TERM 3 | TERM 4 |
| OBJ 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LRE.2 | TERM 1 | TERM 2 | TERM 3 | TERM 4 |
| OBJ 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 8 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LRE.3 | TERM 1 | TERM 2 | TERM 3 | TERM 4 |
| OBJ 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LRE.4 | TERM 1 | TERM 2 | TERM 3 | TERM 4 |
| OBJ 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LRE.5 | TERM 1 | TERM 2 | TERM 3 | TERM 4 |
| OBJ 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LRE.6 | TERM 1 | TERM 2 | TERM 3 | TERM 4 |
| OBJ 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|-----------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| LRE.7 | TERM 1 | TERM 2 | TERM 3 | TERM 4 |
| OBJ 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OBJ 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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