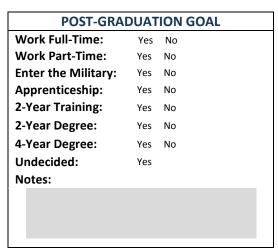
Next Step Plan Templa	ate								
STUDENT INFORMATION							SCHOOL N	IAME:	
Student Name:					High School Entry	Date:			
Student State ID Number:					Target Graduation	n Date:			
Student Email Address:					Course of Study:				
Birthdate					Age				
Check those that apply:	504 Plan	IEP	ELL	SAT	Grade Level:	9 th Grade	10 th Grade	11 th Grade	12 th Grade
School Designee:					Date Initiated:				
			_						
CAREER GOAL			ERSONAL GOAL POST-GRADUATION GOAL			OAL			
Career Cluster:							Work Full-Time		

	CAREER GOAL
Career Cluster:	
Occupation:	
Occupation Skill Sets:	
Wage Info:	
Occupation Demand:	





ACADEMIC ENHANCEMENT						
OPTIONS/Scholarship						
Requirements						

XTRA/CO-CURRICULAR ACTIVITIES	

POSTSECONDARY/CAREER ENHANCEMENT OPTIONS

INDUSTRY CERTIFICATION GOAL			ATTACHMENTS						
What industry certification will be pursued						Interest Inventory	Transcript	Degree Requirements	
Target Date for Completion:						Assessment Results	Semester Schedule	Course Credit Check	
Certification Completed:	Yes	No	No Met Standard Yes No			Transition Assessment (Transition Assessment (required for students		