

PARENT APPROVED STUDENT LEARNING PLAN

Student Name: _____ Student #: _____ Date: _____
 Graduation Year: _____

INITIAL PLAN (Grade 8)

Middle School: _____

Advisory Teacher: _____

H.S. to Attend: _____

REVISED PLAN (Grades 9-12)

High School: _____

Career Counselor: _____

Career Paths/Majors I Am Considering

Arts and Communications	Business and Management	Health Services
<input type="checkbox"/> Artistic Design <input type="checkbox"/> Arts & Entertainment <input type="checkbox"/> Communications	<input type="checkbox"/> Banking & Finance <input type="checkbox"/> Administrative Support <input type="checkbox"/> Consumer & Personal Services <input type="checkbox"/> Accounting <input type="checkbox"/> Management <input type="checkbox"/> Computer Science <input type="checkbox"/> Marketing & Sales	<input type="checkbox"/> Health Therapy <input type="checkbox"/> Health Diagnosis <input type="checkbox"/> Health Care Environmental Services <input type="checkbox"/> Health Information Support
Human Resources	Industrial and Engineering	Natural Resources
<input type="checkbox"/> Social Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Educational Services <input type="checkbox"/> Protective Services <input type="checkbox"/> Recreation and Coaching	<input type="checkbox"/> Production and Manufacturing <input type="checkbox"/> Technical Service Repair <input type="checkbox"/> Engineering <input type="checkbox"/> Mechanical <input type="checkbox"/> Construction	<input type="checkbox"/> Environmental Science <input type="checkbox"/> Agricultural Science <input type="checkbox"/> Exploratory Science <input type="checkbox"/> Forestry and Conservation

Career Objectives: _____

Educational Plans After High School: _____

COURSE OF STUDY AND TRAINING

9 th Grade		
First Semester		Second Semester
10 th Grade		
First Semester		Second Semester
11 th Grade		
First Semester		Second Semester
12 th Grade		
First Semester		Second Semester
Additional Courses		
Summer School		Correspondence/Zero Hour

Student Signature: _____ Parent Signature: _____

Counselor Signature _____ Date: _____