

NAME: _____ SSN: _____ YOG: _____

4- YEAR/ 6- YEAR EDUCATIONAL PLANNING WORKSHEET

(Record your plans in pencil so you can make changes)

DIPLOMA PROGRAM: _____ CAREER OBJECTIVE: _____

GRADE 9			GRADE 10			GRADE 11			GRADE 12		
Circle Course of Study			Circle Course of Study			Circle Course of Study			Circle Course of Study		
Initial	Professional	Skilled	Initial	Professional	Skilled	Initial	Professional	Skilled	Initial	Professional	Skilled
Required Courses		Letter Grade	Required Courses		Letter Grade	Required Courses		Letter Grade	Required Courses		Letter Grade
-----		----	-----		----	-----		----	-----		----
-----		----	-----		----	-----		----	-----		----
-----		----	-----		----	-----		----	-----		----
-----		----	-----		----	-----		----	-----		----
-----		----	-----		----	-----		----	-----		----
Elective Courses		Letter Grade	Elective Courses		Letter Grade	Elective Courses		Letter Grade	Elective Courses		Letter Grade
-----		----	-----		----	-----		----	-----		----
-----		----	-----		----	-----		----	-----		----
-----		----	-----		----	-----		----	-----		----
-----		----	-----		----	-----		----	-----		----
Days Absent		-----	Days Absent		-----	Days Absent		-----	Days Absent		-----

AFTER HIGH SCHOOL GRADUATION PLANS: (Place a checkmark next to all the plans you are considering)

----- Graduation to work	----- Graduation to work	----- Graduation to work	----- Graduation to work
----- Continued Technical/Vocational Training	----- Continued Technical/Vocational Training	----- Continued Technical/Vocational Training	----- Continued Technical/Vocational Training
----- Community or Junior College (Associate Degree)	----- Community or Junior College (Associate Degree)	----- Community or Junior College (Associate Degree)	----- Community or Junior College (Associate Degree)
----- 4-Year College or University	----- 4-Year College or University	----- 4-Year College or University	----- 4-Year College or University
Student Initials _____ Date _____	Student Initials _____ Date _____	Student Initials _____ Date _____	Student Initials _____ Date _____
Parent Initials _____ Date _____	Parent Initials _____ Date _____	Parent Initials _____ Date _____	Parent Initials _____ Date _____
Counselor Initials _____ Date _____	Counselor Initials _____ Date _____	Counselor Initials _____ Date _____	Counselor Initials _____ Date _____