

Student Name:		Graduation Year:		Counselor:		Advisor:	
Post-Secondary Plans (Check One): <input type="checkbox"/> High School Graduate (enter the work force) <input type="checkbox"/> Two-Year Certificate/College Degree, Trade School <input type="checkbox"/> Four-Year College Degree <input type="checkbox"/> Masters or Higher Degree <input type="checkbox"/> Military		List your career interests: 1. _____ 2. _____		List colleges you are considering: 1. _____ 2. _____		A+ Program: Yes or No  Interest in Vo-Tech: Yes or No	
<b>Grade 9</b>		<b>Grade 10</b>		<b>Grade 11</b>		<b>Grade 12</b>	
American History		World History		American Government			
Language Arts 9		Language Arts 10		Language Arts 11			
Math:		Math:		Math:			
Physical Science		Biology		Science:			
Summer Courses between 9 <sup>th</sup> and 10 <sup>th</sup>		Summer Courses between 10 <sup>th</sup> and 11 <sup>th</sup>		Summer Courses between 11 <sup>th</sup> and 12 <sup>th</sup>			
GPA:		GPA:		GPA:			
		ACT Score:		ACT Score:		ACT Score:	
		Other Test Score:		ACT Score:		ACT Score:	
List Alternate Courses		List Alternate Courses		List Alternate Courses		List Alternate Courses	
1. _____		1. _____		1. _____		1. _____	
2. _____		2. _____		2. _____		2. _____	
<b>Graduation Requirements (26 Total Credits):</b> Language Arts – 4 Mathematics – 3 (including Algebra I) Social Studies – 3 Health – ½ Practical Arts – 1 Electives – 8 ½ Speech – ½ Science – 3 Physical Education – 1 Fine Arts – 1 Personal Finance – ½				<b>Career Clusters</b> 1. Agriculture, Food, & Natural Resources 2. Architecture & Construction 3. Arts, A/V Technology & Communication 4. Business, Management, & Administration 5. Education & Training 6. Finance 7. Government & Public Administration 8. Health Sciences 9. Hospitality & Tourism 10. Human Services 11. Information Technology 12. Law, Public Safety, Corrections & Security 13. Manufacturing 14. Marketing, Sales & Service 15. Science, Tech, Engineering, & Mathematics 16. Transportation, Distribution, & Logistics			

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Dates Reviewed \_\_\_\_\_