

Zoned High School:



School Counselor:

## HIGH SCHOOL ACADEMIC AND CAREER PLAN

<b>Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Class of:</b>
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<b>Diploma Options:</b> _____ Advanced Studies (26 Credits) _____ Standard (22 Credits) _____ Applied Studies (IEP Based)	<b>Postsecondary Plans:</b> _____ Military _____ Technical School _____ 2-Year College _____ 4-Year College _____ Workforce	<b>Career Interest Inventory Date:</b> _____ <b>Career Interest Inventory Result:</b> _____ <b>Career Cluster and Pathway</b> _____	<input type="checkbox"/> <b>Virtual Course:</b> <b>CTE Industry Certification:</b> _____
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MIDDLE SCHOOL CREDITS ONLY	SUBJECT AREA	HIGH SCHOOL PROGRAM OF STUDY				VERIFIED CREDITS	
		GRADE 9	GRADE 10	GRADE 11	GRADE 12		
	<b>English</b>	English 9	English 10	English 11	English 12	English 11 Writing	
	<b>History &amp; Social Science</b>			VA/US History	VA/US Government	English 11 Reading	
	<b>Math</b>					Algebra 1	
	<b>Laboratory Science</b>					Geometry	
	<b>World Languages</b>					Algebra II	
	<b>Health &amp; PE</b>	PE 9	PE 10			Earth Science	
	<b>Econ/Personal Finance</b>					Biology	
Advanced Studies Only	<b>Fine Art/CTE/Tech Ed</b>					Chemistry	
Standard Only	<b>World Lang/Fine Art/CTE</b>					World I	
	<b>Electives</b>					World II	
	<b>Electives</b>					Geography	
	<b>Electives</b>					US History	
<b>TOTAL CREDITS:</b>						Student Selected:	

<b>10<sup>th</sup> GRADE REVIEW</b> <input type="checkbox"/> <b>Student Initials:</b> _____	<input type="checkbox"/> <b>School Counselor Initials</b> _____	<input type="checkbox"/> <b>Parent Initials</b> _____	<b>Alt. Tests:</b> _____
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\*This individualized plan reflects the collaboration and input of the school counselor, student, and parent.  
 \*See reverse side of this form for detailed descriptions of requirements for each of diplomas.

SAMPLE