



STUDENT INFORMATION

OSSE Adopted 6/2016

| | | | |
|--------------------------|--|-------------------------|--|
| Student Name: | <input type="text"/> | High School Entry Date: | <input type="text"/> |
| Student State ID Number: | <input type="text"/> | Target Graduation Date: | <input type="text"/> |
| Student Email Address: | <input type="text"/> | Course of Study: | <input type="text"/> |
| Birthdate: | <input type="text"/> | Age: | <input type="text"/> |
| Check those that apply: | <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> ELL <input type="checkbox"/> SAT | Grade Level: | <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> 13 th <input type="checkbox"/> 14 th <input type="checkbox"/> 15 th <input type="checkbox"/> 16 th |
| School Designee: | <input type="text"/> | Date Initiated: | <input type="text"/> |

| CAREER GOAL | PERSONAL GOAL | POST-GRADUATION GOAL |
|--|---|---|
| Career Cluster: <input type="text"/> Occupation: <input type="text"/> Occupation Skill Sets: <input type="text"/> Wage Info: <input type="text"/> Occupation Demand: <input type="text"/> | <input type="text"/> <p style="text-align: center;">ACADEMIC GOAL</p> <input type="text"/> <p style="text-align: center;">FAMILY AND COMMUNITY SUPPORT SYSTEMS</p> <input type="text"/> | Work Full-Time: Yes <input type="checkbox"/> No <input type="checkbox"/> Work Part-Time: Yes <input type="checkbox"/> No <input type="checkbox"/> Enter the Military: Yes <input type="checkbox"/> No <input type="checkbox"/> Apprenticeship: Yes <input type="checkbox"/> No <input type="checkbox"/> 2-Year Training: Yes <input type="checkbox"/> No <input type="checkbox"/> 2-Year Degree: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 4-Year Degree: Undecided: Yes <input type="checkbox"/> Notes: <input type="text"/> |



PROGRAM OF STUDY:

(Jane Doe NMXXXXXXXX)

Diploma Options (Students with Disabilities):

(SCHOOL NAME & LOGO HERE)

Standard Diploma Career Readiness Ability

| | 9 TH GRADE | | 10 TH GRADE | | 11 TH GRADE | | 12 TH GRADE | |
|---|-----------------------|------|------------------------|------|------------------------|------|------------------------|------|
| | Course Name | Code | Course name | Code | Course Name | Code | Course Name | Code |
| District of Columbia Graduation Requirements | | | | | | | | |
| Mathematics | | | | | | | | |
| English Language Arts | | | | | | | | |
| Social Studies | | | | | | | | |
| Science | | | | | | | | |
| Physical Education | | | | | | | | |
| Cluster/Workplace/Language | | | | | | | | |
| Health Education | | | | | | | | |
| LEA Graduation Requirements | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| Career Pathway Requirements/Elective | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| General Electives | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Courses Required to be Repeated | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Mandatory Assessments | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



PROGRAM OF STUDY: _____

| Optional Assessments | | | | |
|----------------------|--|--|--|--|
| | | | | |
| Codes: | | | | |
| | | | | |

| <i>(Jane Doe NMXXXXXXXX)</i> | | | | | |
|--|------|--------|--------------------------------|------|--------|
| 2 year – College or Program Name: | | | Degree Name /Training Program: | | |
| 4 year – College or Program Name: | | | Degree Name: | | |
| Year 1 | | | Year 2 | | |
| Summer | Fall | Spring | Summer | Fall | Spring |
| General Education Requirements for the POS/Degree/Training Plan – * | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Degree/Training Lodging & Tourism Emphasis Courses (Major)** | | | | | |
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| | | | | | |
| Optional Electives (required for School of HTRM @ NMSU*) | | | | | |
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| | | | | | |
| | | | | | |



We have reviewed and approved this Next Step Plan (Legal Guardian may be substituted for Parent where applicable)

Parent Name: _____ Phone Number: _____ Email Address: _____

| Entering 9 th Grade | | Entering 10 th Grade | | Entering 11 th Grade | | Entering 12 th Grade | |
|--------------------------------|------|---------------------------------|------|---------------------------------|------|---------------------------------|------|
| Student Signature | Date | Student Signature | Date | Student Signature | Date | Student Signature | Date |
| Parent Signature | Date | Parent Signature | Date | Parent Signature | Date | Parent Signature | Date |
| Print Parent Name | | Print Parent Name | | Print Parent Name | | Print Parent Name | |
| Parent Signature | Date | Parent Signature | Date | Parent Signature | Date | Parent Signature | Date |
| Print Parent Name | | Print Parent Name | | Print Parent Name | | Print Parent Name | |
| School Official Signature | Date | School Official Signature | Date | School Official Signature | Date | School Official Signature | Date |

Comments (Entering 9th Grade):

Comments (Entering 10th Grade):

Comments (Entering 11th Grade):
Note: Review the attached Final Next Step Plan at this time in preparation for the senior year).

Comments (Entering 12th Grade):



***POSTSECONDARY INSTITUTIONS TO CUSTOMIZE THIS PAGE**

Final Next Step Plan

To be completed by all exiting Seniors

(Jane Doe NMXXXXXXXX)

Select the option(s) you plan to pursue after graduation.

Note: Use additional pages to address plans of action and follow-up.

| Program Options | Provide information about your selections under Program Options. |
|---|--|
| Bachelor Degree Program: | Student Applied Yes <input type="checkbox"/> No <input type="checkbox"/> If no, include a plan of action. Student Admitted Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name of Degree Plan ➡ | |
| Name Public College/University ➡ | |
| Name Private College/University ➡ | |
| Associate Degree Program: | Student Applied Yes <input type="checkbox"/> No <input type="checkbox"/> If no, include a plan of action. Student Admitted Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name of Degree Plan ➡ | |
| Name Postsecondary institution ➡ | |
| Trade Certification Program : | Student Applied Yes <input type="checkbox"/> No <input type="checkbox"/> If no, include a plan of action. Student Admitted Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name of Certificate program ➡ | |
| Name of Training Institution ➡ | |
| Military Service: | Student Applied Yes <input type="checkbox"/> No <input type="checkbox"/> If no, include a plan of action. Student Admitted Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Branch ➡ | |
| Work Study/Apprenticeship Program: | Student Applied Yes <input type="checkbox"/> No <input type="checkbox"/> If no, include a plan of action. Student Admitted Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Career Area of Focus ➡ | |
| Employment: | Student Applied Yes <input type="checkbox"/> No <input type="checkbox"/> If no, include a plan of action. Student Hired Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Career Area of Focus ➡ | |

Signatures below confirm review and approval of this Final Next Step Plan.

| | |
|----------------------------|---------------|
| _____ Student Signature | _____ Date |
| _____ Parent Signature | _____ Date |
| _____ School Designee | _____ Date |

Notes:

Has the student applied for financial aid/scholarships? Yes No Include a plan for necessary follow-up:

Has the student applied for campus (or other) housing? Yes No Include a plan for necessary follow-up:

Has the student arranged transportation? Yes No Include a plan for necessary follow-up: