

Next Step Plan Template

STUDENT INFORMATION

(SCHOOL NAME)

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:	504 Plan <input type="checkbox"/>	IEP <input type="checkbox"/>	ELL <input type="checkbox"/>	SAT <input type="checkbox"/>
School Designee:	<input type="text"/>	Grade Level:	9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade <input type="checkbox"/>	
		Date Initiated:	<input type="text"/>	

CAREER GOAL

Career Cluster:

Occupation:

Occupation Skill Sets:

Wage Info:

Occupation Demand:

PERSONAL GOAL

ACADEMIC GOAL

FAMILY AND COMMUNITY SUPPORT SYSTEMS

POST-GRADUATION GOAL

Work Full-Time: Yes No

Work Part-Time: Yes No

Enter the Military: Yes No

Apprenticeship: Yes No

2-Year Training: Yes No

2-Year Degree: Yes No

4-Year Degree: Yes No

Undecided: Yes

Notes:

EXTRA HELP STRATEGIES (Extra Assistance)

ACADEMIC ENHANCEMENT OPTIONS/Scholarship Requirements

EXTRA/CO-CURRICULAR ACTIVITIES

POSTSECONDARY/CAREER ENHANCEMENT OPTIONS

<h3>INDUSTRY CERTIFICATION GOAL</h3> <p>What industry certification will be pursued: <input type="text"/></p> <p>Target Date for Completion: <input type="text"/></p> <p>Certification Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Met Standard Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<h3>ATTACHMENTS</h3> <p><input type="checkbox"/> Interest Inventory <input type="checkbox"/> Transcript <input type="checkbox"/> Degree Requirements</p> <p><input type="checkbox"/> Assessment Results <input type="checkbox"/> Semester Schedule <input type="checkbox"/> Course Credit Check</p> <p><input type="checkbox"/> Transition Assessment (required for students receiving special education services) <input type="checkbox"/> Other: <input type="text"/></p>
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Next Step Plan Template

(INSERT CAREER CLUSTER LOGO)

PROGRAM OF STUDY: (INSERT PATHWAY)

(INSERT STUDENT NAME & ID)

Diploma Options (Students with Disabilities):

Standard Diploma Career Readiness Ability

(INSERT DEPARTMENT NAME)

(INSERT SCHOOL LOGO)

	9 TH GRADE		10 TH GRADE		11 TH GRADE		12 TH GRADE	
	Course Name	Code	Course name	Code	Course Name	Code	Course Name	Code
	State of New Mexico Graduation Requirements							
Mathematics								
English Language Arts								
Social Studies								
Science								
Physical Education								
Cluster/Workplace/Language								
Health Education								
	School District Graduation Requirements							
	Career Pathway Requirements/Elective							
	General Electives							
	Courses Required to be Repeated							
	Mandatory Assessments							
	Optional Assessments							
Codes:	Advanced Placement = AP	Distance Learning = DL	International Baccalaureate = IB	Other:				
	Dual Credit = DC	Honors Course = HC	Online Line Class = OL	Other:				

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(INSERT STUDENT NAME and ID)

This Postsecondary Program of Study should be completed for students in grades 11–12, and is optional for students in grades 9–10.

2 year – College or Program Name:		Degree Name /Training Program:	
4 year University Name:		Degree Name:	

Year 1			Year 2		
Summer	Fall	Spring	Summer	Fall	Spring
General Education Requirements for the POS/Degree/Training Plan					
Degree/Training Emphasis Courses (Major)					
Electives					

Of the courses listed above, highlight those that are transferable to any other NM public higher education institution.

State law at Section 21-1B-1 to 6 NMSA 1978, directs the New Mexico Higher Education Department to establish policies designed to allow core courses successfully completed by students at New Mexico public higher education institutions to guarantee transfer to any other New Mexico public higher education institutions. The listing of transferable courses can be found at <http://hed.state.nm.us>.

Next Step Plan Template

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):

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: