

# Next Step Plan Template

STUDENT INFORMATION				SCHOOL NAME:					
Student Name:				High School Entry Date:					
Student State ID Number:				Target Graduation Date:					
Student Email Address:				Course of Study:					
Birthdate				Age					
Check those that apply:	504 Plan	IEP	ELL	SAT	Grade Level:	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
School Designee:				Date Initiated:					

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

INDUSTRY CERTIFICATION GOAL	ATTACHMENTS
What industry certification will be pursued <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 15px;"></span>	Interest Inventory      Transcript      Degree Requirements
Target Date for Completion: <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 15px;"></span>	Assessment Results      Semester Schedule      Course Credit Check
Certification Completed:      Yes      No      Met Standard      Yes      No	Transition Assessment (required for students)      Other:

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Cert. Completed:  Yes  No  Yes  No  Transition Assessment (receiving special education services)  Other:

*(INSERT CAREER CLUSTER LOGO)* **PROGRAM OF STUDY:** *STUDENT NAME & ID:*

Diploma Options *(Students with Disabilities):*  
 Standard Diploma  Career Readiness  Ability   
**DEPARTMENT NAME:** *(INSERT SCHOOL LOGO)*

	9 <sup>TH</sup> GRADE		10 <sup>TH</sup> GRADE		11 <sup>TH</sup> GRADE		12 <sup>TH</sup> GRADE	
	Course Name	Code	Course name	Code	Course Name	Code	Course Name	Code
<b>State of New Mexico Graduation Requirements</b>								
Mathematics								
English Language Arts								
Social Studies								
Science								
Physical Education								
Cluster/Workplace/Language								
Health Education								
<b>School District Graduation Requirements</b>								
<b>Career Pathway Requirements/Elective</b>								
<b>General Electives</b>								
<b>Courses Required to be Repeated</b>								
<b>Mandatory Assessments</b>								
<b>Optional Assessments</b>								

Codes:	Advanced Placement = AP	Distance Learning = DL	International Bacculaureate = IB	Other:
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	Dual Credit = DC	Honors Course = HC	Online Line Class = OL	Other:
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*STUDENT NAME & 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
<b>General Education Requirements for the POS/Degree/Training Plan</b>					
<b>Degree/Training Emphasis Courses (Major)</b>					
<b>Electives</b>					

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 <sup>th</sup> Grade		Entering 10 <sup>th</sup> Grade		Entering 11 <sup>th</sup> Grade		Entering 12 <sup>th</sup> 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 9<sup>th</sup> Grade):**

\_\_\_\_\_

**Comments (Entering 10<sup>th</sup> Grade):**

\_\_\_\_\_

**Comments (Entering 11<sup>th</sup> Grade):**

*Note: Review the attached Final Next Step Plan at this time in preparation for the senior year).*

**Comments (Entering 12<sup>th</sup> 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.			
<b>Bachelor Degree Program:</b>	Student Applied	Yes	No	If no, include a plan of action.
	Student Admitted	Yes	No	
Name of Degree Plan ➡				
Name Public College/University ➡				
Name Private College/University ➡				
<b>Associate Degree Program:</b>	Student Applied	Yes	No	If no, include a plan of action.
	Student Admitted	Yes	No	
Name of Degree Plan ➡				
Name Postsecondary institution ➡				
<b>Trade Certification Program :</b>	Student Applied	Yes	No	If no, include a plan of action.
	Student Admitted	Yes	No	
Name of Certificate program ➡				
Name of Training Institution ➡				
<b>Military Service:</b>	Student Applied	Yes	No	If no, include a plan of action.
	Student Admitted	Yes	No	
Branch ➡				
<b>Work Study/Apprenticeship Program:</b>	Student Applied	Yes	No	If no, include a plan of action.
	Student Admitted	Yes	No	
Career Area of Focus ➡				
<b>Employment:</b>	Student Applied	Yes	No	If no, include a plan of action.
	Student Hired	Yes	No	
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: