

The Options Program Educational/Career Plan

Beginning date _____

Name _____ Career Choice _____

Career Cluster for skill training enrollment:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Agricultural, Food & Natural Resources | <input type="checkbox"/> Education and Training | <input type="checkbox"/> Human Services | <input type="checkbox"/> Government and Public Administration |
| <input type="checkbox"/> Arts, A/V Technology & Communication | <input type="checkbox"/> Finance | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Marketing, Sales & Services |
| <input type="checkbox"/> Architecture and Construction | <input type="checkbox"/> Health Science | <input type="checkbox"/> Law, Public Safety & Security | <input type="checkbox"/> Science, Technology, Engineering & Math |
| <input type="checkbox"/> Business, Management & Administration | <input type="checkbox"/> Hospitality and Tourism | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation, Distribution & Logistic Service |

Diploma or Certifications: ☐ Louisiana High School Equivalency Diploma ☐ Certificate of Skills Completion

Postsecondary Plans: ☐ College ☐ Technical Training ☐ Military ☐ Employment ☐ Apprenticeship

☐ Other _____

Level One	Level Two
Academic Component	Academic Component
Language Arts/ Writing	Language Arts/ Writing
Language Arts/ Reading	Language Arts/ Reading
Social Studies	Social Studies
Science	Science
Mathematics	Mathematics
Skills Component	Skills Component
General Electives	General Electives
Level 1 State Testing Results: <div style="text-align: right;">Composite Score _____</div>	Level 2 State Testing Results: <div style="text-align: right;">Composite Score _____</div> <div style="text-align: right;">Progress Attained _____</div>

Signatures

Signatures

Student _____ Date _____	Student _____ Date _____
Parent/Guardian _____ Date _____	Parent/Guardian _____ Date _____
Counselor/Advisor _____ Date _____	Counselor/Advisor _____ Date _____