

LOUISIANA DEPARTMENT OF EDUCATION FIVE YEAR EDUCATIONAL PLAN

Beginning Date: _____

Name: _____ Area of Concentration: _____
 Originating Middle School: _____ High School Attending: _____

NOTE: Students may complete an **academic area of concentration** by completing the course requirements for the TOPS Opportunity Award.

Career Cluster:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Agriculture, Food and 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 and Services |
| <input type="checkbox"/> Architecture and Construction | <input type="checkbox"/> Health Science | <input type="checkbox"/> Law, Public Safety and Security | <input type="checkbox"/> Science, Technology, Engineering & Math |
| <input type="checkbox"/> Business, Management and Administration | <input type="checkbox"/> Hospitality and Tourism | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation, Distribution, and Logistics |

Diploma Endorsements:

- ☐ Standard Diploma ☐ Academic Endorsement
☐ Career and Technical Endorsement TOPS Tech Option 1
☐ Career and Technical Endorsement TOPS Tech Option 2
☐ Other _____

Postsecondary Plans:

(Check College Catalogs for specific entrance requirements)

- Attend College
☐ Technical College
☐ Community College
☐ Four Year College
☐ University
- ☐ Technical Training
☐ Employment
☐ Military
☐ Other _____

9th Grade	10th Grade	11th Grade	12th Grade
iLEAP Results: (check one) Y <input type="checkbox"/> N <input type="checkbox"/> Scored in upper quartile Y <input type="checkbox"/> N <input type="checkbox"/> Scored in middle quartile Y <input type="checkbox"/> N <input type="checkbox"/> Scored in lower quartile	GEE 21 Results: (check one) Y <input type="checkbox"/> N <input type="checkbox"/> Approaching Basic or above: English Language Arts Y <input type="checkbox"/> N <input type="checkbox"/> Approaching Basic or above: Mathematics	GEE 21 Results: (check one) Y <input type="checkbox"/> N <input type="checkbox"/> Approaching Basic or above: Science OR Y <input type="checkbox"/> N <input type="checkbox"/> Approaching Basic or above: Social Studies <i>(2000-2001 10th graders are not required to pass the Science or Social Studies tests.)</i>	GEE 21 Results: (check one) Y <input type="checkbox"/> N <input type="checkbox"/> Approaching Basic or above: English Language Arts Y <input type="checkbox"/> N <input type="checkbox"/> Approaching Basic or above: Mathematics Y <input type="checkbox"/> N <input type="checkbox"/> Approaching Basic or above: Science OR Y <input type="checkbox"/> N <input type="checkbox"/> Approaching Basic or above: Social Studies <i>(2000-2001 10th graders are not required to pass the Science or Social Studies tests.)</i>
English I	English II	English III	English:
Mathematics:	Mathematics:	Mathematics:	Mathematics:
Science:	Science:	Science:	Science:
Social Studies:	Social Studies:	Social Studies:	Social Studies:
PE/Health/ROTC:	PE/Health/ROTC:	PE/Health/ROTC:	PE/Health/ROTC:
General Electives <i>(Remember to consider TOPS/TOPS Tech Core Curriculum):</i>	General Electives <i>(Remember to consider TOPS/TOPS Tech Core Curriculum):</i>	General Electives <i>(Remember to consider TOPS/TOPS Tech Core Curriculum):</i>	General Electives <i>(Remember to consider TOPS/TOPS Tech Core Curriculum):</i>
Electives: Area of Concentration <i>(4 units comprised of a sequence of related specialty courses).</i>	Electives: Area of Concentration <i>(4 units comprised of a sequence of related specialty courses).</i>	Electives: Area of Concentration <i>(4 units comprised of a sequence of related specialty courses).</i>	Electives: Area of Concentration <i>(4 units comprised of a sequence of related specialty courses).</i>
Signatures:	Initials:	Initials:	Initials:
Student _____ Date _____	Student _____ Date _____	Student _____ Date _____	Student _____ Date _____
Parent _____ Date _____	Parent _____ Date _____	Parent _____ Date _____	Parent _____ Date _____
Counselor/Advisor _____ Date _____	Counselor/Advisor _____ Date _____	Counselor/Advisor _____ Date _____	Counselor/Advisor _____ Date _____