NEW YORK STATE EDUCATION DEPARTMENT

Career Plan

Adult Level

1. Personal Data

Name: _____

Student Identification Number: _____

School/Program: _____

2. Periodic Review of Student Career Plan

	Review Participants (Signatures)					
Date of	Student: Reviewer: Other:					
Review:			(identify)			

3. Knowledge

A. Self-knowledge: "Who am I?"

1. Interests: *List your top three choices for each of the following areas of interest:*

Date:	1a. Personal: Out-of-class activities that you enjoy	1b. Academic: Classes or subjects you enjoy the most	1c. Work Preferences: <i>Working with people, ideas, and things</i>

2. **Abilities:** *List personal skills and talents that will be helpful in a career choice:*

Date:	"I am good at "	"Career areas where my abilities will be useful "

3. Personal and academic areas I need to strengthen:

Date:	"I need to strengthen"	"Steps I will take to strengthen these areas "	

4. Employment Challenges:

Date:	"The following things make it difficult for me to get or keep a job"	"Steps I am taking to deal with these issues"	

B. Career Exploration: "Where am I going?"

1. **School and/or Community Experiences:** *I have participated in these school and/or community experiences*

Date:	School and/or Community Experiences:	Skills Acquired through Experience:

Date:	Work Related Experiences:	Skills Acquired through Work Related Experience:

3. Careers of Interest and Characteristics: *I* am interested in the following careers and have discovered the following information about these careers:

Date:	Careers of Interest:	Education Requirements:	Skills I Need to Acquire:	Work Environment:	Employment Opportunities:

C. Future Goals and Decision-Making: *"How do I get there?"*

1. Career Goals and Action Steps:

Date:	Goals Resulting From Career Exploration Activities (check the appropriate box below:)	Action Steps: (what I need to do to accomplish my goals)
	New Career Advancement in Current Career	

2. Education Plan: (courses or programs helpful to the pursuit of my career interests)

Current Courses or Program:	Anticipated Courses or Program:	Date	Anticipated Courses or Program:	Date:

4. Skills/Application: "What do I need to know?" "What am I Learning?" "Why am I Learning it?" "How can I use it?"

Directions: The following skills are needed to succeed in life, work, and education and/or training beyond high school. Using the scale provided, identify for each skill the level of achievement **you believe** you possess at the beginning of the class/program and the level **you believe** you achieved at the end of the class/program. Briefly describe a classroom experience or activity that helped you develop each skill. Identify the class or program in which the experience or activity took place.

Skills:	Beginning Skill Level I Possess (Check Off)	Experiences/Class or Program:	Ending Skill Level I Have Achieved: (Check Off)
Basic Skills: Read, write, listen, and speak to others.	o o o o o Highly √ Least Developed Developed		$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Thinking Skills: Identify and solve problems.	o o o o o Highly √ Least Developed Developed		o o o o o Highly √ Least Developed Developed
Personal Qualities: Plan, organize and work independently.	o o o o o Highly √ Least Developed Developed		o o o o o Highly √ Least Developed Developed
Interpersonal Skills: Teamwork and getting along with others.	o o o o o Highly √ Least Developed Developed		o o o o o Highly √ Least Developed Developed
Technology: Identify and use the technology needed to complete a task.	0 0 0 0 0 Highly √ Least Developed Developed		0 0 0 0 0 Highly √ Least Developed Developed
Managing Information: Find and use information.	o o o o o Highly √ Least Developed Developed		0 0 0 0 0 Highly √ Least Developed Developed
Managing Resources: Manage time, money, and materials.	o o o o o Highly √ Least Developed Developed		0 0 0 0 0 Highly √ Least Developed Developed
Systems: Identify a system and its parts.	o o o o o Highly √ Least Developed Developed		0 0 0 0 0 Highly √ Least Developed Developed

5. Culminating Activity

Directions: Check off whether you have completed your resume.

o Yes o No