

### My Future Plan

Student Name \_\_\_\_\_

| Baseline Test Results |       |                       |                              |
|-----------------------|-------|-----------------------|------------------------------|
| Date of Baseline Test | Score | NRS Functioning Level | Domain of Significance (DOS) |
|                       |       |                       |                              |
|                       |       |                       |                              |
|                       |       |                       |                              |

### Career Goals

*I hope to achieve this goal by (month/year):*

|   |  |   |
|---|--|---|
| <b>Career goal:</b><br><b>Short-term</b><br>(within the next year)  |  | / |
| <b>Career goal:</b><br><b>Long-term</b><br>(within the next 2-5 years)  |  | / |
| What education and training is required for my chosen career field?   |  |   |
| <input type="checkbox"/> High School Diploma/Equivalency <input type="checkbox"/> Vocational/Technical Training <input type="checkbox"/> Associates Degree<br><input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree |  |   |
| I do not have a career goal yet, but I would like to explore the following career fields:   |  |   |

### Education Goals

*I hope to achieve this goal by (month/year):*

|   |  |   |
|---|--|---|
| <b>Educational goal:</b><br><b>Short-term</b><br>(within the next year)     |  | / |
| <b>Educational goal:</b><br><b>Long-term</b><br>(within the next 2-5 years) |  | / |
| What do I want to achieve in this adult education program?                  |  |   |
| Have I made time in my schedule to attend class and study?                  |  |   |
| What things will make it difficult to achieve my educational goals?         |  |   |
| What do I need from my teacher to help me achieve my education goals?       |  |   |

**Assessment results**

(Examples; Career Assessments, Personality Tests, Learning Style Inventories, TABE progress tests, GED® practice test, GED® tests, etc.)

| Assessment Date | Assessment Name/Type | Score/Results |
|-----------------|----------------------|---------------|
|                 |                      |               |
|                 |                      |               |
|                 |                      |               |
|                 |                      |               |
|                 |                      |               |
|                 |                      |               |
|                 |                      |               |
|                 |                      |               |

**Goal Review** (review progress of goal)

Did you accomplish your goal(s)? \_\_\_\_\_

Do you need to extend your goal date? \_\_\_\_\_

Are your original goals still valid? \_\_\_\_\_

Do you need to make any changes to your original goal? \_\_\_\_\_

Do you feel you are making progress towards your goal? \_\_\_\_\_

What can you do to progress in your work towards your goal? \_\_\_\_\_

What can we do to help you achieve your goal(s)? \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_