

## Graduation Plan for GEAR UP Students

Name \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_ Facilitator's Name: \_\_\_\_\_

<b>High School Graduation Plan</b>
Graduation Date: _____ Graduating By IEP _____ Aging Out at 21 Class Rank _____ GPA _____ Dates that transcript was reviewed: _____
<b>Action Steps for High School Graduation</b>
<b>Graduation Checklist</b>
Type of TAKS taken: Accommodated _____ Alternate _____ Modified _____ Dates Passed <b>EXIT</b> TAKS: SS _____ M _____ S _____ ELA _____ Earn Appropriate Credits: Y N 90% Attendance Requirements: Y N Dates Viewed Career Cruising: _____ Visited the Go Center: Y N Proposed Date of FAFSA/TASFA Completion: _____
<b>Support and Living Checklist</b>
Met with DARS for supports: Y N Research Social Security/Medicaid supports: Y N Contacted BVCIL for support: Y N
<b>Employment</b>
Type of Employment: Supported _____ Competitive _____ Time: Full-time _____ Part-Time _____ Research career programs: Y N
<b>Post-High School Education Plans</b>
<b>Technical, Vocational, Trade School/Certificate Program</b>
Career choice: _____ Name of technical/vocational school(s): _____ Research technical/vocational school _____ Yes _____ No Proposed date of enrollment: _____ Application deadline: _____ Proposed date of graduation: _____ Continue Education: Y N Not Sure _____ Contact Recruiter: Y N THEA exempt: Y N Evidence by: TAKS _____ SAT/ACT _____ Date to sign up for THEA/Acuplacer/Compass/ASSET: _____ Talked to Office of Disability Services: NA Y N
<b>Notes:</b>

<b>College Access Programs</b>
Career choice: _____ Name of program: _____ Research program: Yes No Proposed date of enrollment: _____ Application deadline: _____ Proposed date of graduation: _____ Talked to Office of Disability Services: NA Y N
<b>Community College</b>
Career choice: _____ Name of community college(s): _____ Research community colleges: _____ Yes _____ No Proposed date of enrollment: _____ Application deadline: _____ Proposed date of graduation: _____ Continue Education: Y N Not Sure _____ Contact Recruiter: Y N THEA exempt: Y N Evidence by: TAKS _____ SAT/ACT _____ Date to sign up for THEA/Acuplacer/Compass/ASSET: _____ Talked to Office of Disability Services: NA Y N
<b>University</b>
Career choice: _____ Name of university(s): _____ Research university: _____ Yes _____ No Proposed date of enrollment: _____ Application deadline: _____ Proposed date of graduation: _____ Deadline to register for: ACT _____ SAT _____ Signed up for ACT & SAT Fee Waiver: _____ Yes _____ No Requested Accommodations for PSAT/ACT/SAT? _____ NA _____ Yes _____ No Continue Education: Y N Not Sure _____ Contact Recruiter: Y N THEA exempt: Y N Evidence by: TAKS _____ SAT/ACT _____ Date to sign up for THEA/Acuplacer/Compass/ASSET: _____ Talked to Office of Disability Services: NA Y N
Completed GEAR UP Survey 2012-2013: _____ Yes _____ No

**I have reviewed this form and additional resources. I know whom to contact if I have questions. I understand that it is my responsibility to share this form with my parents/guardians as well as to continue to research my options and follow through on my responsibilities to help me achieve my personal goals. I understand that failure to do so may negatively impact my future personal goals.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_