

Poplar School District

MIDDLE SCHOOL EDUCATIONAL/CAREER PLANNER

7th Grade

Career Pathway:		I-Search Project:
Nevada Career Information System:		
Career Interests:		
Career Explorations:		
Academic Goal:		
Social Goal:		
Career Goal:		
Progress Towards Goals:		
Testing Results: Iowa Tests: Criterion Referenced Tests:		Other:
Classes Taken	Grade	Credit
Extra-Curricular Activities	Volunteer/Community Services	Awards, Recognitions, Honors

Poplar School District

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8th Grade

Career Pathway:	I-Search Project:	
Nevada Career Information System Areas of Exploration:		
Post-Secondary Plans:		
Academic Goal:		
Social Goal:		
Career Goal:		
Progress Towards Goals:		
Job-Shadowing Preference:	Career Fair Interests:	
Testing Results: Iowa Tests: Criterion Referenced Tests: Other: Nevada Proficiency Test: Writing _____ Career Interest Inventory:		
Classes Taken	Grade	Credit
Extra-Curricular Activities Offices Held	Volunteer/Community Services	Awards, Recognitions, Honors

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High School Transition Plan

Class Interests		
Extra-Curricular Explorations	Volunteer/Community Interests	Recognition Goals

Community Service Record	
Service/Project: Description of Activity: Dates: Special Recognition(s)/Skills Learned:	Contact Person/Telephone Number:
Service/Project: Description of Activity: Dates: Special Recognition(s)/Skills Learned:	Contact Person/Telephone Number:
Service/Project: Description of Activity: Dates: Special Recognition(s)/Skills Learned:	Contact Person/Telephone Number:

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Grade 6 Student Work			
Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic	Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic		
Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic	Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic		
Grade 6 Student Presentation			
Type of Presentation: _____ Description: _____ Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic			
Evaluators' Comments			

Grade 7 Student Work			
Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic	Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic		
Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic	Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic		
Grade 7 Student Presentation			
Type of Presentation: _____ Description: _____ Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic			
Evaluators' Comments			

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Grade 8 Student Work			
Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic	Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic		
Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic	Type of Work: _____ Catalogue Number: _____ Description: _____ Generated: <input type="checkbox"/> Class <input type="checkbox"/> Home <input type="checkbox"/> Community Project Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic		
Grade 8 Student Presentation			
Type of Presentation: _____ Description: _____ Archive: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Electronic			
Evaluators' Comments			

References	
Contact: _____ <input type="checkbox"/> Asked / Date ___/___/___ <input type="checkbox"/> Received / Date ___/___/___ <input type="checkbox"/> On-File	Relationship: _____ Date ___/___/___
Sent To: _____	Date ___/___/___
Sent To: _____	Date ___/___/___
Sent To: _____	Date ___/___/___
Sent To: _____	Date ___/___/___
Contact: _____	Relationship: _____
<input type="checkbox"/> Asked / Date ___/___/___ <input type="checkbox"/> Received / Date ___/___/___ <input type="checkbox"/> On-File	Date ___/___/___
Sent To: _____	Date ___/___/___
Sent To: _____	Date ___/___/___
Sent To: _____	Date ___/___/___
Sent To: _____	Date ___/___/___
Contact: _____	Relationship: _____
<input type="checkbox"/> Asked / Date ___/___/___ <input type="checkbox"/> Received / Date ___/___/___ <input type="checkbox"/> On-File	Date ___/___/___
Sent To: _____	Date ___/___/___
Sent To: _____	Date ___/___/___
Sent To: _____	Date ___/___/___
Sent To: _____	Date ___/___/___

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Field Trips	
When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Where: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____

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Explorations	
When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____
When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____	When: _____ Description: _____ <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Other _____ Observations: _____