

Personalized Learning Plan (PLP) – High School

STUDENT INFORMATION

Student Name: _____ Grade: _____

LPP Support Person: _____ Date: _____

MISCELLANEOUS QUESTIONS

1. Who do you currently live with?

2. If a friend or family member were to describe you, what would they say?

3. If you could change anything about school, what would it be?

4. What makes a person a good role model? Who is a role model in your life?

5. What does it take to be a great leader?

6. If you have a problem where you need some support, to whom would you go?

7. What are you involved in outside of school?

8. What do you like to do when you have free time?

9. How is it best to contact you (phone, email, FB, etc.)?

INDIGO

Discuss your Indigo report with your navigator. What are some key takeaways? Think about your strengths, DISC style, motivators, skills and challenges. List some highlights:

•

•

Looking at your Indigo - create a personal goal in relation to your skills, challenges, strengths, motivators, etc.

PERSONAL GOAL:

ACADEMIC

| What do you do well? | What would you like to improve? |
|----------------------|---------------------------------|
| | |

1. Choose one *subject* where you would like to improve during the first semester:

2. Circle at least one area that would support improvement in the subject you chose.

Organization Study skills Attendance Homework Bring home & return school materials

Achieve merit roll Achieve honor roll Classroom behavior Other

3. Virtual skills: Zoom, school email, google account, google classroom. Support needed:

ACADEMIC GOAL (based on information above):

COLLEGE

| What do you do well? | What would you like to improve? |
|----------------------|---------------------------------|
| | |

1. I am interested in developing a better understanding of the opportunities available to me after high school graduation. Circle the ones that you are interested in.

Community College Four year college/university Trade school Military Work

2. I have an idea of what I would like to study in college. Yes _____ No _____

3. Are you enrolled in College Connections classes? Yes _____ No _____

If yes, what classes _____

4. Go over grade specific checklist - determine what support is needed:

COLLEGE GOAL - Create a goal for college/your plans after high school:

CAREER

What do you do well?

What would you like to improve?

1. Do you currently have a job? Yes _____ No _____

 If **yes**, where do you work? How do you balance school and work schedule?

 If **no**, are you interested in working while in high school? Do you need support?

2. What career(s) are you interested in?

3. Do you have a resume? Yes _____ No _____

CAREER GOAL:

Student Signature: _____ **Date:** _____

LPP Staff Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____