



Union Star R-II Personal Plan of Study



Student Name: _____		Career/Occupation _____		Counselor Use Only: ACT Score _____ GPA _____ Attendance _____	
Graduation Year _____					
Career Clusters		Post Secondary Plans (Check one)		Student Organizations (Check all that apply)	
<input type="checkbox"/> Ag, Food, & Natural Resources <input type="checkbox"/> Architecture & Construction <input type="checkbox"/> Arts, A/V Technology, & Comm. <input type="checkbox"/> Business Management & Admin. <input type="checkbox"/> Education & Training <input type="checkbox"/> Finance <input type="checkbox"/> Government & Public Admin. <input type="checkbox"/> Health Sciences	<input type="checkbox"/> Hospitality & Tourism <input type="checkbox"/> Human Services <input type="checkbox"/> Information Technology <input type="checkbox"/> Law, Public Safety, Corrections, & Security <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marketing <input type="checkbox"/> Science, Technology, Engineering & Mathematics <input type="checkbox"/> Transportation, Distribution, & Logistics	<input type="checkbox"/> 1-High School Graduate (enter work force) <input type="checkbox"/> 2- Apprenticeship <input type="checkbox"/> 3-Two Year Certificate/College Degree <input type="checkbox"/> 4-Four Year College Degree <input type="checkbox"/> 5- Masters or Doctoral College		<input type="checkbox"/> Varsity Athletics <input type="checkbox"/> National Honor Society <input type="checkbox"/> Other _____	Notes/Comments:

	Grade 9		Grade 10		Grade 11		Grade 12	
Language Arts (4 credits)	Language Arts I		Language Arts II		Language Arts III		English Comp. Creative Writing	Language Arts IV
Math (3 credits)								
Science (3 credits)	Biology	Biology						
Social Studies (3 credits)			World History	World History	American History	American History	American Government	American Government
Fine Arts (1 credit)								
Practical Arts/Personal Finance (1.5 credit)	Personal Finance							
Health/PE (1.5 credit)	Physical Education	Physical Education						
Electives (10 credits)								
	Health							

Student Signature _____ Parent/Guardian Signature _____ Date: _____

Counselor Use Only:
Initial and Date

Initial Review: _____	Reviewed: _____	Reviewed: _____	Reviewed: _____	Reviewed: _____
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