



SCHOOL DISTRICT NO. 91 (NECHAKO LAKES)

GRADUATION TRANSITIONS

Student Name: _____ Appointment Date: _____

PERSONAL HEALTH

REQUIREMENT	PLANS/DETAILS
<p>What are you doing to meet the following goals:</p> <p><input type="checkbox"/> engage in at least 150 minutes per week of vigorous physical activity in addition to PE 10?</p> <p><input type="checkbox"/> develop a long-term personal healthy living plan?</p> <p>Have you completed and handed:</p> <p><input type="checkbox"/> a signed physical activity log</p> <p><input type="checkbox"/> a healthy living plan</p>	<p><input type="checkbox"/> PE 11/12 <input type="checkbox"/> Dance 10 or 11</p>

COMMUNITY CONNECTIONS

REQUIREMENT	PLANS/DETAILS
<p>What are you doing to meet the following goals?</p> <p><input type="checkbox"/> participate in at least 30 hours of work experience and/or community service?</p> <p>Have you completed and handed in:</p> <p><input type="checkbox"/> a work experience form with verification</p> <p><input type="checkbox"/> a community service form with verification</p>	

CAREER AND LIFE

Requirement	Plans/Details
<p>What portions of the Transition Plan have you completed?</p> <p><input type="checkbox"/> Career & Education Plans <input type="checkbox"/> Resume</p> <p><input type="checkbox"/> Financial Plan <input type="checkbox"/> Reference Letter</p> <p><input type="checkbox"/> Presentation Discussion <input type="checkbox"/> Cover Letter or Post-Secondary Application</p> <p> • Questions: Format/Style?</p> <p> Highlights?</p>	