

Individual Program of Study

 **Student Name:**

 **Date:**

**This plan of study should serve as a guide, along with other career planning materials, as you continue your career path**. Courses listed within this plan are only recommended coursework and should be individualized to meet each student’s educational and career goals. All plans should meet high school graduation requirements as well as college entrance requirements.

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| **Information Technology Cluster**  |
| **9th Grade** | **10th Grade** | **11th Grade** | **12th Grade** | **Post-Secondary (13th)** | **Post-Secondary (14th)** |
| English I | English II | English III | English IV |  |  |
| Algebra I or Geometry | Geometry or Algebra II | Algebra II, Trigonometry or Statistics | Pre-Calculus, Trigonometry or Statistics |
| Physical Science or Biology I | Biology I or Chemistry II | Chemistry or Physics | Physics |
| Geography/OK History | World History | American History | Economics/Government |
| Required Electives:PE, Health, Art, Foreign Language, or Computer Technology | Required Electives:PE, Health, Art, Foreign Language, or Computer Technology |  |  |
| Post-Secondary Goal(s)/Outcome(s): Name/Location of Post-Secondary Institution:  | [**TECHNOLOGY CENTER**](https://www.okcareertech.org/educators/business-marketing-and-information-technology-education/program-of-study)**:**NOTE A State Program Area may be completed during high school or as an adult. [Certification or program completions may count for college credit.](http://www.okhighered.org/agreements/) | **COLLEGE:**NOTE: Use post-secondary institution’s degree plan to customize the student’s plan with regard to degrees, licenses, certification, etc. |
| NOTES:  |

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(Student Signature) (Parent/Guardian Signature) (School Official Signature)

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| Dates: Freshman Review  |  |  Sophomore Review  |  | Junior Review |  | Senior Review |  | Grade 13 Review |  | Grade 14 Review |  |

**Courses Completed in the Program Sequence of Courses**

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| **Course Title** | **Date Completed** | **Hours** | **Grade** |
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**College Credit Earned**

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| **College** | **CTE Course** | **Grade** | **Date Completed** | **Instructor Signature** |
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| Work-Based Learning Options | Certifications |
| SHL Exam | Industry Certifications |
| Activity | Q 1 | Q 2 | Q 3 | Q 4 | Test Name | Pass Date | Test Name | Pass Date |
| Job-Shadowing |  |  |  |  |  |  |  |  |
| Internship |  |  |  |  |  |  |  |  |
| Live-work Project |  |  |  |  |  |  |  |  |
| Attendance/Work Ethic |  |  |  |  |  |  |  |  |
| *NOTES:*  |