



Personal Education Plan (PEP) Form

Demographics: Student Information	
Ext Student Number:	
Date of Birth:	
Parent/Legal Guardian Name:	
Home Address:	
Home Phone Number:	
Cell Phone:	
Work Phone:	
Email Address:	
Language (s) Spoken at Home:	
Special Services:	
Current Attendance	
Present:	
Absent:	
Tardy:	
PEP Conference Information	

Student Information

School:	
Student Number:	
Date of Birth:	
Student Name:	
Gender:	
Grade Level:	

PEP Grade 01 Form

Things I do well:	
Things I like to do:	
Things I enjoy learning most:	
Something in school I need help with:	<input type="checkbox"/> Behavior <input type="checkbox"/> Tests <input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> Homework <input type="checkbox"/> Social Studies <input type="checkbox"/> Reading <input type="checkbox"/> Other <input type="checkbox"/> Work Habits <input type="checkbox"/> Social Skills
My Plan:	
People who can help me:	
What I know about college:	
When I grow up, I want to be:	
I like this career because:	
Parent Input/Expectations:	
Comments/Recommendations:	

Conference Information

Parent Contact Date 1:	
Parent Contact Date 2:	
Parent Contact Date 3:	
Conference Date:	
Present:	

Student Information	
School:	
Student Number:	
Date of Birth:	
Student Name:	
Gender:	
Grade Level:	
PEP Grade 04 Form	
School is important because:	
Things I enjoy doing:	
Things I am good at:	
Which statement best describes the grades you normally make throughout the school year? (Check one):	<input type="checkbox"/> Mostly A's <input type="checkbox"/> Mostly B's and C's <input type="checkbox"/> Mostly C's and D's <input type="checkbox"/> Mostly D's and below
Which statement best describes your attendance habits? (Check one)	<input type="checkbox"/> I'm absent 0-5 times per year <input type="checkbox"/> I'm absent 6-10 times per year <input type="checkbox"/> I'm absent more than 10 times per year
Which statement best describes your "on time" habits in arriving to school? (Check one)	<input type="checkbox"/> I'm late 0-5 times per year <input type="checkbox"/> I'm late 6-10 times per year <input type="checkbox"/> I'm late more than 10 times per year
Three things I can do to meet my academic goals are:	1. 2. 3.
What I know about college:	
Extracurricular Activities (clubs, athletics, etc...)	
Activities I participate in:	
Activities I would like to participate in:	
Parent Input/Expectations:	
Comments/Recommendations:	
Conference Information	
Parent Contact Date 1:	
Parent Contact Date 2:	
Parent Contact Date 3:	
Conference Date:	
Present:	

Student Information			
School:			
Student Number:			
Date of Birth:			
Student Name:			
Gender:			
Grade Level:			
PEP Grade 07 Form			
Personal/Social			
My strengths, talents, interests, etc. include:			
My personal goals are:			
Three things I can do to meet my personal goals are:	1. 2. 3.		
What I can do to show that I am a good citizen (son/daughter, student, friend, member of my community):			
Rank the following items in order of importance (Number each item 1-8):			
	Friends		Hobbies
	Family		Technology
			Career
			Fashion
			Academics
			Athletics
Academics			
Which statement best describes the grades you normally make throughout the school year? (Check one):	<input type="checkbox"/> Mostly A's <input type="checkbox"/> Mostly B's and C's <input type="checkbox"/> Mostly C's and D's <input type="checkbox"/> Mostly D's and below		
Which statement best describes your attendance habits? (Check one)	<input type="checkbox"/> I'm absent 0-5 times per year <input type="checkbox"/> I'm absent 6-10 times per year <input type="checkbox"/> I'm absent more than 10 times per year		
Which statement best describes your "on time" habits in arriving to school? (Check one)	<input type="checkbox"/> I'm late 0-5 times per year <input type="checkbox"/> I'm late 6-10 times per year <input type="checkbox"/> I'm late more than 10 times per year		
My academic goals for middle school include (Check all that apply):	<input type="checkbox"/> Give 100% effort toward academics <input type="checkbox"/> Behave in a positive, peaceful, and productive manner <input type="checkbox"/> Seek help when needed <input type="checkbox"/> Maintain excellent attendance <input type="checkbox"/> Begin (or continue) earning Student Service Learning Hours <input type="checkbox"/> Other		
Things I can do to meet my academic goals are:			
I know about opportunities for college credit available to me during high school (AP, dual enrollment):	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Student Information	
School:	
Student Number:	
Date of Birth:	
Student Name:	
Gender:	
Grade Level:	
Grade 07: Career Planning	
Careers that interest me:	
Which of the following career clusters interest you? (Check all that apply)	<input type="checkbox"/> Architecture & Design <input type="checkbox"/> Graphic Arts, Media, & Communication <input type="checkbox"/> Law, Education, & Public Service <input type="checkbox"/> Business & Finance <input type="checkbox"/> Health & Biosciences <input type="checkbox"/> Military Science <input type="checkbox"/> Engineering & Science <input type="checkbox"/> Hospitality & Tourism <input type="checkbox"/> Performing Arts <input type="checkbox"/> Environmental Studies <input type="checkbox"/> Information Technology <input type="checkbox"/> Transportation Technology <input type="checkbox"/> Global Studies
After high school, I plan to: (Check all that apply)	<input type="checkbox"/> Attend College: Associates Degree (2 year college) <input type="checkbox"/> Attend College: Bachelor's Degree (4 year college) <input type="checkbox"/> Attend College: Masters/Doctoral/Professional Degree <input type="checkbox"/> Enter the Military <input type="checkbox"/> Attend Training Program (License/Certificate) <input type="checkbox"/> Seek Employment/On-the-job training <input type="checkbox"/> Become an Entrepreneur <input type="checkbox"/> Other
The following people are available to support me in my goals: (Check all that apply)	<input type="checkbox"/> Parents <input type="checkbox"/> Siblings <input type="checkbox"/> Relatives <input type="checkbox"/> Friends <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Coach <input type="checkbox"/> Mentor <input type="checkbox"/> Others
What can those people do to provide you with support?	
If you plan to attend college, how do you plan to finance your education?	
Parent Input/Expectations:	
Comments/Recommendations:	

Conference Information	
Parent Contact Date 1:	
Parent Contact Date 2:	
Parent Contact Date 3:	
Conference Date:	
Present:	

Student Information		
School:		
Student Number:		
Date of Birth:		
Student Name:		
Gender:		
Grade Level:		
High School Form		
Careers Interested in:		
Interest Area:	<input type="checkbox"/> Architecture & Design <input type="checkbox"/> Graphic Arts, Media, & Communication <input type="checkbox"/> Law, Education, & Public Service <input type="checkbox"/> Business & Finance <input type="checkbox"/> Health & Biosciences <input type="checkbox"/> Military Science <input type="checkbox"/> Engineering & Science <input type="checkbox"/> Hospitality & Tourism <input type="checkbox"/> Performing Arts <input type="checkbox"/> Environmental Studies <input type="checkbox"/> Information Technology <input type="checkbox"/> Transportation Technology <input type="checkbox"/> Global Studies	
What are your academic strengths?	<input type="checkbox"/> English	<input type="checkbox"/> Visual and Performing Arts
	<input type="checkbox"/> Math	<input type="checkbox"/> World Languages
	<input type="checkbox"/> Science	<input type="checkbox"/> Writing
	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Other
What are your personal strengths?		
What postsecondary options are you considering?	<input type="checkbox"/> Associates Degree (2 year college)	
	<input type="checkbox"/> Bachelor's Degree (4 year college)	
	<input type="checkbox"/> Masters/Doctoral/Professional Degree	
	<input type="checkbox"/> Military	
	<input type="checkbox"/> License/Certificate	
	<input type="checkbox"/> Employment/On-the-job training/Apprenticeship	
	<input type="checkbox"/> Entrepreneurship	
	<input type="checkbox"/> Undecided	
<input type="checkbox"/> Other		
Does your current academic transcript (credits, grades, and test scores) meet the entrance requirements for your postsecondary goal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know about opportunities for college credit available to you during high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you participate in school-based activities? (e.g. clubs, extra-curricular, sports, performing arts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you participate in community-based activities? (e.g. clubs, performing arts, sports)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your Personal Education Plan reflect a recommended plan of study for your career of interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify any obstacles that may interfere with the successful completion of your identified postsecondary/career goal?	<input type="checkbox"/> Attendance <input type="checkbox"/> Financial Concerns <input type="checkbox"/> Grades <input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Learning English <input type="checkbox"/> Number of Credits <input type="checkbox"/> Personal Issues <input type="checkbox"/> Study Habits <input type="checkbox"/> Suspensions/Detentions <input type="checkbox"/> Test Taking <input type="checkbox"/> Undecided about Future <input type="checkbox"/> Other

Comments/Recommendations:	
---------------------------	--

For Student: Was the Personal Learning Plan helpful in the following areas?

Understanding my graduation requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowing my progress on meeting the graduation requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowing my career goals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Understanding college requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Understanding the requirements for my career of interest:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need more information in the following area:		

For Parent: Was the Personal Learning Plan helpful in the following areas?

Understanding the graduation requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowing my child's progress on meeting the graduation requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowing my child's career goals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Understanding college requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Understanding the requirements of my child's career interest:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Conference Information

Parent Contact Date 1:	
Parent Contact Date 2:	
Parent Contact Date 3:	
Conference Date:	
Present:	



Personal Education Plan (The PEP) Purpose (An Explanation to Parents)

The PEP is a tool that will help students and parents/guardians plan, with the school counselor, for high school graduation and college and/or career preparedness. It introduces career clusters, encourages critical thinking about future planning, connects the students' strengths and weaknesses and likes and dislikes to career possibilities.

The PEP involves parents/guardians in the process by providing the forum in which parents can express their goals to their children and helps families access resources for future planning.

The PEP follows students from grades 1-12. Counselors can build on and modify students' responses from previous years and align students' academic progress and programs to their career interests.

Teachers will have viewing access to the PEP and may provide additional comments. Data is gathered via the PEP to inform curriculum and instruction.



**Personal Education Plan (PEP) Meeting
with
Parent/Guardian of _____**

Please indicate below whether or not you can attend The PEP. Please complete, sign and return this form to the school counselor.

- I will participate in the PEP: In Person OR Conference Call
Convenient dates _____
Convenient times _____
- I am unable to attend the PEP. Please proceed without me.

Parent/Guardian Signature _____
Date: _____



Feedback on Personal Education Plan (PEP) to Parents/Guardians

Dear _____,

I have met with _____ on _____ to have a talk, a PEP talk. It was a valuable discussion about personal, academic and career goals. We also reviewed attendance, tardiness, and grades.

Your student is interested in _____. We will work together to connect the student's academic program to their career interests.

If you have any questions, please contact me at the school.

Sincerely,

School Counselor _____

Name of School _____

Phone Number _____