

OE II Personal Post-Graduation Plan

Name: _____ ID#: _____

High School: _____ Year Graduating: _____

Counselor/Teacher: _____

Current Career Goal: _____

10 Year Career Goal: _____

Training Plan

Senior Year Courses: _____

Post Graduate Training: (check one)

- Immediate Employment _____
company
- Trade School _____
school
- Military _____
branch
- Community College _____
school
- College/University _____
school / major
- Other _____