

Individual Career and Academic Plan (ICAP)

(Name of School)

Name: _____

Graduation Year: _____

	Grade	Requirements/Credits	Credits	1st Semester	2nd Semester	Review Each Semester	
Secondary	9	Language Arts	1			9th Grade Review Dates: _____ Student's Signature(s): _____ _____ Parents/Guardians' Signature(s): _____ _____ Advisor's Signature(s): _____ _____	Select a Career Path <input type="checkbox"/> Arts & Communication <input type="checkbox"/> Business Management & Technology <input type="checkbox"/> Health Services <input type="checkbox"/> Human Services <input type="checkbox"/> Industrial & Engineering Technology <input type="checkbox"/> Natural Resources & Agriculture Career Cluster _____ Program of Study _____ <input type="checkbox"/> A+ Program <input type="checkbox"/> Career and Technical Education Certificate <input type="checkbox"/> Honor Diploma <input type="checkbox"/> Industry Recognized Credential <input type="checkbox"/> NCAA <input type="checkbox"/> Technical Skill Attainment Postsecondary Goals _____ _____ _____ Postsecondary Options: <input type="checkbox"/> Area Career Center <input type="checkbox"/> Employment <input type="checkbox"/> Military <input type="checkbox"/> 2 year College Major: _____ Minor: _____ <input type="checkbox"/> 4 year College or University Major: _____ Minor: _____ <input type="checkbox"/> Other: _____
		Social Studies	1				
		Mathematics	1				
		Science	1				
		Health	1/2				
		P.E.	1/2				
		Electives or Fine/Practical Art Requirements	2				
	10	Language Arts	1			10th Grade Review Dates: _____ Student's Signature(s): _____ _____ Parents/Guardians' Signature(s): _____ _____ Advisor's Signature(s): _____ _____	
		Social Studies	1				
		Mathematics	1				
		Science	1				
		Personal Finance	1/2				
		P.E. or Fine/Practical Art Requirement	1				
		Electives	3				
	11	Language Arts	1			11th Grade Review Dates: _____ Student's Signature(s): _____ _____ Parents/Guardians' Signature(s): _____ _____ Advisor's Signature(s): _____ _____	
		Social Studies	1				
Mathematics		1					
Science		1					
Electives		4					
12	Language Arts	1			12th Grade Review Dates: _____ Student's Signature(s): _____ _____ Parents/Guardians' Signature(s): _____ _____ Advisor's Signature(s): _____ _____		
	Electives	7					

Learning Opportunities							
Postsecondary	Educational/Career Goals	Work Based	Extracurricular Activities	Co-curricular Activities	Assessments/Inventories/ Academic Results		
	Short-Term:	Apprenticeship Career Research Cooperative Education Employment Internship Mentorship Resume/Job Application/ Mock Interview Service Learning Project Volunteer	List with number of years involved and any positions held. Examples but not limited to: Athletics, Clubs, Leadership, Student Council.	List with number of years involved and any positions held. Example but not limited to: CTSO, Debate, Drama, Marching Band.	<input type="checkbox"/> MO Connections Interest Inventory <input type="checkbox"/> ACT: _____ <input type="checkbox"/> ASVAB: _____ <input type="checkbox"/> PSAT: _____ <input type="checkbox"/> SAT: _____ <input type="checkbox"/> ACT WorkKeys: _____ <input type="checkbox"/> Other: _____		
	Long-Term:				<input type="checkbox"/> Career Fair/Expo: <input type="checkbox"/> FAFSA Workshop/Filed: <input type="checkbox"/> Scholarship Exploration:		
Minimum Requirements	College Prep Coursework (AP/Dual Credit/IB)			Postsecondary Applications			
<input type="checkbox"/> American Civics exam <input type="checkbox"/> Missouri Constitution Exam <input type="checkbox"/> U.S. Constitution Exam <input type="checkbox"/> 30 min CPR/First Aid Instruction Language Arts – 4 credits Mathematics – 3 credits Social Studies – 3 credits Science – 3 credits Fine Art – 1 credit Practical Art – 1 credit Physical Education - 1 credit Health - .5 credit Personal Finance - .5 credit Electives- 7 credits Total of 24 credits + meet all graduation requirements	Class Name	Number of Hours	Transferable	Name of Institution	Prepared	Submitted (date)	Status
			Total:				

Career and Technical Education Certificate Requirements

Name: _____

Graduation Year: _____

The student must meet all the requirements as follows:

- All Graduation Requirements
- CTE Concentrator, three or more credits in sequence in a department-approved career education program defined on the students ICAP, with Grade Point Average 3.0 on a 4.0 scale
- TSA/IRC
 - Name of Assessment: _____
 - Pass/Fail _____
 - Date: _____
- Soft Skills/Business Skills Attainment (1 of 3 options)
 - CTSO active participation in junior or senior year
 - Letters of Recommendation
 - Soft Skills/Ethics Assessment
- College and Career Readiness Measure
 - ACT: _____
 - ACT WorkKeys: _____
 - ASVAB: _____
 - SAT: _____
- 50 hours of work-based learning (Registered Apprenticeships, Cooperative Career Education Programs, internships, clinical settings, job shadowing, entrepreneurial experiences, school-based enterprises, structured business/industry field trips, service learning, or other opportunities that provide real-time, authentic work experiences)
- 95% attendance or greater for grades 9-12

For more information on the CTE Certificate Criteria visit: <https://dese.mo.gov/sites/default/files/cte-certificate-criteria.pdf>