

School Name Next Step Plan Student Name (State ID #)							
Final Next Step Plan							
Student information							
Name: Studen	Name: Student Name		School Name:	School Name			
State ID #: State ID #		Conf	irmed Graduation Date:	MM/YY			
What is your long-term If you're not sure, put "U		al?					
Select the option you pl	an to pursue after	graduation. Then, c	omplete the action plan	for your chosen opt	tion.		
Program Option		Select Program	Select Program -				
Application Status		Select Status -	Select Status -				
	What do	you still need to co	omplete to finalize your	plans?			
(SSS), which allow	s the federal govern	nment to maintain you	at birth, you're required to ir info and draft you into the getting a driver's license,	he military if needed.	Failure to register will		
☐ I have completed SSS registration.		☐ I have not comp	☐ I have not completed SSS registration.		☐ I am not required to register for SSS.		
Approval Before signing	g, complete the app	ropriate action plan e	xtension on the next page	э.			
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Student Signature	Date	Parent Signature	Date Ac	dvisor/Counselor	Date		



Action Plan

Select the appropriate link for the Program Option you've indicated above, copy the contents of that document, and paste it into the space below to complete your Action Plan. Make note of any incomplete action items on the first page of this document.

Enter the Workforce	Military	Postsecondary Education	

Paste action plan here.

