

Student Personal Education Plan

Name: _____ Date: _____

1. Last high school you attended? _____ City: _____ State: _____

2. Last grade you completed in school? Grade: _____ In what year? _____

3. What are your career goals? _____

4. Subject you liked the most? _____ Subject you liked the least? _____

5. Hobbies/activities/topics you enjoy? _____

6. Check any of the following that apply to you:

_____ I have trouble understanding what is read _____ I have trouble remembering what I read

_____ I enjoy reading but I read very little _____ I enjoy reading and I read a lot

7. Check any of the following that apply to you:

_____ I have always struggled with math _____ I did OK in math when I was in school

_____ I enjoy math but I need a review _____ I enjoy math and I am good at it

8. Did you ever receive special help or services in school in the following areas:

___ math ___ reading ___ English & writing ___ other: _____

9. Do you feel easily distracted while learning? ___ yes ___ no

10. Do you enjoy learning on the computer? ___ yes ___ no ___ I do not know

11. Check the one that applies to you the most:

_____ I know very little about technology and computers

_____ I can email and search the internet but that is about all I do on computers

_____ I am tech savvy and use computers for documents, reading, etc.

12. What is your learning style? I learn best by:

_____ sight – show me and I will learn _____ reading – written directions work the best

_____ hearing – tell me the information _____ doing – hands on learning

13. List any health issues or disabilities that could affect your learning? _____

14. What work experience have you had? _____

15. Do you have any post-secondary training or education? _____

Educational Skill Areas

Please number **any** area you need assistance in: **1** = need to learn **2** = need a refresher

Reading

- | | |
|--|---|
| <input type="checkbox"/> reading comprehension | <input type="checkbox"/> improve vocabulary |
| <input type="checkbox"/> reading speed | <input type="checkbox"/> other: _____ |

Writing

- | | |
|--|---|
| <input type="checkbox"/> grammar and usage | <input type="checkbox"/> writing paragraphs |
| <input type="checkbox"/> spelling | <input type="checkbox"/> other: _____ |

Math

- | | |
|--|---|
| <input type="checkbox"/> subtraction/multiplication/division | <input type="checkbox"/> fractions |
| <input type="checkbox"/> rounding/estimation | <input type="checkbox"/> decimals |
| <input type="checkbox"/> percents | <input type="checkbox"/> exponents/square roots |
| <input type="checkbox"/> measurement/geometry | <input type="checkbox"/> basic algebra |

Social Studies

- | | |
|--|--|
| <input type="checkbox"/> geography: maps/charts/graphs | <input type="checkbox"/> economics |
| <input type="checkbox"/> history: US and world | <input type="checkbox"/> civics & government |

Science

- | | |
|--|--|
| <input type="checkbox"/> life science | <input type="checkbox"/> chemistry/physics |
| <input type="checkbox"/> earth and space science | |

Study Skills

- | | |
|---|--|
| <input type="checkbox"/> note taking | <input type="checkbox"/> critical thinking |
| <input type="checkbox"/> time management | <input type="checkbox"/> goal setting |
| <input type="checkbox"/> manage and overcome test anxiety | |

Computer

- | | |
|---|--|
| <input type="checkbox"/> typing / keyboarding | <input type="checkbox"/> email |
| <input type="checkbox"/> word documents | <input type="checkbox"/> presentations |
| <input type="checkbox"/> spreadsheets | <input type="checkbox"/> navigating the internet |

College and Career Goals

Please check **any** area you would like to complete:

- | | |
|---|--|
| <input type="checkbox"/> increase job search skills | <input type="checkbox"/> research college programs |
| <input type="checkbox"/> research career options | <input type="checkbox"/> apply to college |
| <input type="checkbox"/> create a resume | <input type="checkbox"/> college financial aid |
| <input type="checkbox"/> other: _____ | |

By signing below, I agree to work with HVAE staff and attend class regularly to achieve my goals.

Name: _____

Date: _____