

# Grade 12 Student Learning/Transition Plan

Updated November 2020

Name: \_\_\_\_\_

School: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Y.O.G: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_

Please indicate if you have an I.E.P on file: Yes

No

## Connecting occupational interests/career paths with transitioning opportunities:

Occupation, Career or Trade you are Targeting? 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_

In your FIRST career choice of;	
What Post Secondary Institution could or would like to attend for this career choice?	
Provide the link to the Post Secondary college or University program.	
What specific FIRST Year/Level courses would you take to start on this career path?	
What High School classes are related and/or required to enter your FIRST career choice?	
If you were to start a Dual Credit Program during Grade 12, when would it be?	
During Grade 12, I could take the following Post Secondary courses related to my career choice.	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Teacher Signature

GRADE 10 REQUIREMENTS					
	Credits	Semester 1	Credits	Semester 2	Credits
English 10 (2 parts)	4	Elective		Elective	
Socials 10	4	Elective		Elective	
Science 10	4	Elective		Elective	
Math 10	4				
PE 10	4				
CLE 10	2				
				<b>Total</b>	
GRADE 11 REQUIREMENTS					
English 11	4	Elective			
Socials 11 or 12	4	Elective			
Math 11	4	Elective			
Science 11	4	Elective			
Careers 11	2				
				<b>Total</b>	
GRADE 12 REQUIREMENTS					
English	4	Elective			
Careers 12	2	Elective			
Career Exploration/Capstone	2	Elective			
Elective		Elective			
Elective					
				<b>Total</b>	

TOTAL SCHOOL CREDITS: \_\_\_\_\_

Must be filled out by school:									
Transition Courses					Recommended Intake			Institution/Location	
TRNN-12A	4	<input type="checkbox"/>	TRNN-12F	4	<input type="checkbox"/>	Sept	<input type="checkbox"/> Yr		
TRNN-12B	4	<input type="checkbox"/>	TRNN-12G	4	<input type="checkbox"/>	Feb	<input type="checkbox"/> Yr		
TRNN-12C	4	<input type="checkbox"/>	TRNN-12H	4	<input type="checkbox"/>	Other	<input type="checkbox"/>		
TRNN-12D	4	<input type="checkbox"/>	TRNN-12I	4	<input type="checkbox"/>				
TRNN-12E	4	<input type="checkbox"/>	TRNN-12J	4	<input type="checkbox"/>				

Total TRNN Credits: \_\_\_\_\_

Total Credit for Graduation: \_\_\_\_\_

Student Signature: \_\_\_\_\_ 

Parent / Guardian Signature: \_\_\_\_\_ 

SD #71 Representative Signature \_\_\_\_\_ 

Date: \_\_\_\_\_ (DD/MMM/YYYY)