

# Career Plan

Name: Enter text here

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## Self-Assessment (This section is filled-in during Unit 1, Lesson 2.)

Holland Code: Enter text here

Educational Goal: Enter text here

## Occupation (This section is filled-in during Unit 1, Lesson 6.)

Note: During Unit 1, Lessons 3-5, you will research and fill-in the Occupation Research sheet with three occupations that you find interesting. During Lesson 6, you will choose the most interesting of the three occupations and copy its information here.

Occupation Title: Enter text here

SOC Code: Enter text here

Why I selected this occupation: Enter text here

<b>What They Do</b>	Enter text here
<b>Work Environment</b>	Enter text here
<b>Work Schedule</b>	Enter text here
<b>Education</b>	Enter text here
<b>Important Qualities</b>	Enter text here
<b>Licenses, Certifications and Registrations</b>	Enter text here
<b>Other Requirements</b>	Enter text here
<b>Chosen State</b>	Enter text here
<b>Yearly Wage</b>	High: Enter text here  Low: Enter text here
<b>Projected Growth (%)</b>	Enter text here
<b>Projected Annual Job Openings</b>	In the U.S.A.: Enter text here  In chosen state: Enter text here

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## Long-Term Goals (This section is filled-in during Unit 2, Lessons 2 & 3.)

**Vision:** Enter text here

**Career Cluster:** Enter text here

**Career Pathway:** Enter text here

Verified  
S.M.A.R.T.

<b>Goal #1:</b> (Courses/Pathway)	Enter text here	<input type="checkbox"/>
<b>Goal #2:</b> (Improve Qualities)	Enter text here	<input type="checkbox"/>
<b>Goal #3:</b>	Enter text here	<input type="checkbox"/>
<b>Goal #4:</b>	Enter text here	<input type="checkbox"/>
<b>Goal #5:</b>	Enter text here	<input type="checkbox"/>

## Barriers (This section is filled-in during Unit 2, Lesson 4.)

<b>Barrier #1:</b>	Enter text here
<b>Barrier #2:</b>	Enter text here
<b>Barrier #3:</b>	Enter text here
<b>Barrier #4:</b>	Enter text here

Verified

### Long-Term Goals to Reduce Barriers

S.M.A.R.T.

<b>Goal #1:</b>	Enter text here	<input type="checkbox"/>
<b>Goal #2:</b>	Enter text here	<input type="checkbox"/>

## Alternate Occupations (This section is filled-in during Unit 2, Lesson 5.)

<b>Alternate Occupation #1:</b>	Enter text here
<b>Alternate Occupation #2:</b>	Enter text here
<b>Alternate Occupation #3:</b>	Enter text here

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