



Student Educational Development Plan - KVIC

To be completed by the parent or guardian of the student being enrolled in KVIC.

Note: An EDP is a living document that each student develops with the school district. The district shall maintain a copy of the plan on file and shall provide the plan to the pupil membership auditor on request.

Student Name:	Student email:
Student Grade for Fall 2020:	
Parent/Guardian Name:	
Parent/Guardian email, if available:	
Educational Development Plan ~ Basic Info.	
Career Interest Results - Please provide top three (Note: Students in grades 7-12 may include results from Career Cruising or Zello if known & for students in grades K-6 enter N/A):	
What is/are the student's Career Pathway(s)/Area(s) of interest, if known? Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Arts & Communication <input type="checkbox"/> Business, Management, & Marketing <input type="checkbox"/> Engineering, Manufacturing, Industrial Tech. <input type="checkbox"/> Health Sciences <input type="checkbox"/> Human Services <input type="checkbox"/> Natural Resources & Agriscience <input type="checkbox"/> Unknown <input type="checkbox"/> Other: 	What is the student's current plan after High School, if known? Check most appropriate only. <ul style="list-style-type: none"> <input type="checkbox"/> On the job training <input type="checkbox"/> Community college <input type="checkbox"/> Military training <input type="checkbox"/> Technical/Trade School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Four year college/university <input type="checkbox"/> Unknown <input type="checkbox"/> Other:

Please list student hobbies/interests/extracurricular activities.

Please list any skills and abilities that should be considered.

Please list at least four careers that the student has expressed interest in - this may be the same or different from their Career Interest Results listed above.

Student Learning Styles and Goals

Provide answers that are discussed between the student and parent/guardian.

Please identify the student's preferred learning style(s). Check all that apply.

- ☐ Visual - prefers using pictures, images and special information for learning
- ☐ Aural- prefers learning through speech and music
- ☐ Verbal- learns well from words, both written and spoken
- ☐ Physical- learns well through use of the body, hands and sense of touch
- ☐ Logical- prefers logic, reasoning and systems
- ☐ Social- prefers learning in groups or with other students
- ☐ OptSolitary- prefers to work alone or self study
- ☐ Other:

What are the student's short and long-term goals for their own areas of academic development?

What are the student's goals for their own areas of personal/social development?

What is the preferred timeline for the development of the goals listed above?

Assessment Results

Enter the last statewide assessment results in each field, if known. If not known, please type/write: check with school official.

M-STEP:

PSAT 8:

PSAT 9/10:

SAT:

Verification

By checking the yes box below, I, _____ <parent/guardian>, verify that I have completed this form to the best of my knowledge. <input type="checkbox"/> Yes	Date:
District Facilitator Signature:	Date: