

ICAP Form – Individual Career & Academic Plan for High School Students – Required for CE Participation

Name of Student _____ Grade _____ College/Program I Plan to Attend _____

9 th GRADE				10 th GRADE			
1 st Semester	CR	2 nd Semester	CR	1 st Semester	CR	2 nd Semester	CR

11 th GRADE				12 th GRADE			
1 st Semester	CR	2 nd Semester	CR	1 st Semester	CR	2 nd Semester	CR

Administrative/Counseling Signature _____ Date: _____