

Year 1: Employability Profile: *Guidance Section*

Academic Record	Career & Learning Inventory	Postsecondary Planning Meeting Milestones	CTE Assessment Data: Individual Portfolio Project Check-Ins
<p>CTE Program: <input type="checkbox"/> Performing Arts <input type="checkbox"/> Visual & Media Arts <input type="checkbox"/> Prod./Managerial Arts</p> <p>Semester 1 CTE Classes _____ Grade: _____ _____ Grade: _____ _____ Grade: _____</p> <p>Concentration Courses _____ Grade: _____ _____ Grade: _____ _____ Grade: _____</p> <p>Dual Credits Attempted <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Review By: _____ Date: _____</p> <p>Comments:</p> <p>Semester 2 CTE Classes _____ Grade: _____ _____ Grade: _____ _____ Grade: _____</p> <p>Concentration Courses _____ Grade: _____ _____ Grade: _____ _____ Grade: _____</p> <p>Dual Credits Attempted <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Review By: _____ Date: _____</p> <p>Comments:</p>	<p>Quarter 1: <i>Strengths Explorer</i> Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Results Reviewed with Student On: _____ By: _____ Comments:</p> <p>Quarter 2: <i>Do What You Are</i> Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Results Reviewed with Student On: _____ By: _____ Comments:</p> <p>Quarter 3: <i>Learning Style Inventory</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Results Reviewed with Student On: _____ By: _____ Comments:</p> <p>Quarter 4: <i>MI Advantage</i> Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Results Reviewed with Student On: _____ By: _____ Comments:</p>	<p>Quarter 1: <i>Artistic Statement</i> Reviewed with Student On: _____ By: _____ Comments:</p> <p>Quarter 1: Purpose & Strategies for <i>LIHSA College Fair</i> On: _____ By: _____ Comments:</p> <p>Quarter 2: <i>Brag Sheets</i> Introduced to Student On: _____ By: _____ Comments:</p> <p>Quarter 3: <i>Resume</i> Reviewed with Student On: _____ By: _____ Comments:</p> <p>Quarter 4: Teacher Letters of Recommendations Requested From: Teacher 1: Teacher 2: By: _____ Comments:</p> <p>Quarter 3 or 4: Postsecondary Student/Parent Meeting Held On: By: Synopsis:</p>	<p>Teacher/Mentor Name:</p> <p>Project Title:</p> <p>Quarter 1: <i>Discuss and Define Goals and Outcomes</i> Meeting Date: _____ By: _____ Comments:</p> <p>Quarter 2: <i>Discuss, develop, and document timeline for completion for project:</i> Meeting Date: _____ By: _____ Comments:</p> <p>Quarter 3: <i>Review and revise timeline and proposed product:</i> Meeting Date: _____ By: _____ Comments:</p> <p>Quarter 4: <i>Review feedback from teachers and create a plan to integrate suggestions:</i> Meeting Date: _____ By: _____ Comments:</p>

Year 2: Employability Profile: *Guidance Section*

Academic Record	Postsecondary Planning Meeting Milestones	Postsecondary Planning Meeting Milestones	CTE Assessment Data: Individual Portfolio Project Check-Ins
<p>CTE Program: <input type="checkbox"/> Performing Arts <input type="checkbox"/> Visual & Media Arts <input type="checkbox"/> Prod./Managerial Arts</p> <p>Semester 1 CTE Classes _____ Grade: _____ _____ Grade: _____ _____ Grade: _____</p> <p>Concentration Courses _____ Grade: _____ _____ Grade: _____ _____ Grade: _____</p> <p>Review By: _____ Date: _____ Comments: _____</p> <p>Dual Credits Attempted <input type="checkbox"/> Yes <input type="checkbox"/> No Course Name/College/Grade _____</p> <p>Semester 2 CTE Classes _____ Grade: _____ _____ Grade: _____ _____ Grade: _____</p> <p>Concentration Courses _____ Grade: _____ _____ Grade: _____ _____ Grade: _____</p> <p>Review By: _____ Date: _____ Comments: _____</p> <p>NOCTI Exam <input type="checkbox"/> Visual Communications & Interactive Media Design or <input type="checkbox"/> Technical Theatre or <input type="checkbox"/> Performing Arts and <input type="checkbox"/> Technical Theatre</p> <p>Date: _____ Score/s: _____</p> <p>Meets Cutoff <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All CTE Components Met <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list deficiencies: _____</p>	<p>Quarter 1: Meeting Date: <input type="checkbox"/> Early Action <input type="checkbox"/> Early Decision School Name/s: _____</p> <p>*Outcome/s: _____</p> <p>Prescreen/Portfolio Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Final List of Teacher Recommenders: 1. _____ 2. _____ 3. _____</p> <p>Counselor Recommendation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Peer Recommendation Received <input type="checkbox"/> Yes <input type="checkbox"/> No Name/s: _____</p> <p>Parent Brag Sheet Received <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Teacher Brag Sheet Received <input type="checkbox"/> Yes <input type="checkbox"/> No Name/s: _____</p> <p>Preparation for <i>LIHSA College Fair</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Quarter 2: Meeting Date: _____</p> <p>Unified Interviews Scheduled for: <i>(if applicable)</i> _____</p> <p>Final List of Colleges Applied Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p>	<p>Quarter 2: continued Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Outcome: <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> WL</p> <p>Quarter 3: Progress of auditions and other application components. Review By: _____ Date: _____</p> <p>Comments: _____</p> <p>Quarter 4: Final Postsecondary Review College Matriculation <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe plan: _____</p> <p>If yes: College Name: _____ Major: _____ <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Other *Go Back to Complete Outcomes list</p>	<p>Quarter 1: Review Goals/Outcomes for the Project & Timeline: Date: _____ By: _____ Comments: _____</p> <p>Quarter 2: List Specific Products that will be Presented for Assessment: Meeting Date: _____ By: _____ Comments: _____</p> <p>Quarter 3: Mock Artist Presentation of Work Meeting Date: _____ By: _____ Comments: _____</p> <p>Quarter 4: Review Student Reflection: Meeting Date: _____ By: _____ Comments: _____</p> <p>Portfolio Adjudication Date: _____</p> <p>Adjudicators: _____</p> <p>Result: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Comments: _____</p>

Employability Profile: WBL Coordinator Section

WBL Hours: Year 1	WBL Hours: Year 2	General Competency Checklist
<p>Affiliated Residency: <input type="checkbox"/> ABT <input type="checkbox"/> Roundabout Theatre <input type="checkbox"/> Magic Box <input type="checkbox"/> Young Audiences <input type="checkbox"/> Other: _____</p> <p>Culminating Product: <input type="checkbox"/> Performance <input type="checkbox"/> Screening <input type="checkbox"/> Gallery Showing <input type="checkbox"/> Other: _____</p> <p>Completed On: Hours Earned: Comments:</p> <p>Affiliated Residency: <input type="checkbox"/> ABT <input type="checkbox"/> Roundabout Theatre <input type="checkbox"/> Magic Box <input type="checkbox"/> Young Audiences <input type="checkbox"/> Other: _____</p> <p>Culminating Product: <input type="checkbox"/> Performance <input type="checkbox"/> Screening <input type="checkbox"/> Gallery Showing <input type="checkbox"/> Other: _____</p> <p>Completed On: Hours Earned: Comments:</p> <p>Name: _____ Date: _____</p>	<p>Affiliated Residency: <input type="checkbox"/> ABT <input type="checkbox"/> Roundabout Theatre <input type="checkbox"/> Magic Box <input type="checkbox"/> Young Audiences <input type="checkbox"/> Other: _____</p> <p>Culminating Product: <input type="checkbox"/> Performance <input type="checkbox"/> Screening <input type="checkbox"/> Gallery Showing <input type="checkbox"/> Other: _____</p> <p>Completed On: Hours Earned: Comments:</p> <p>Affiliated Residency: <input type="checkbox"/> ABT <input type="checkbox"/> Roundabout Theatre <input type="checkbox"/> Magic Box <input type="checkbox"/> Young Audiences <input type="checkbox"/> Other: _____</p> <p>Culminating Product: <input type="checkbox"/> Performance <input type="checkbox"/> Screening <input type="checkbox"/> Gallery Showing <input type="checkbox"/> Other: _____</p> <p>Completed On: Hours Earned: Comments:</p> <p>Name: _____ Date: _____</p>	<p>Check all that apply</p> <p><input type="checkbox"/> apply their learning in different contextual frameworks generate ideas, concepts, proposals, solutions or arguments</p> <p><input type="checkbox"/> employ materials, media, techniques, methods, technologies and tools with skill and imagination</p> <p><input type="checkbox"/> study independently, set goals, manage their own workloads and meet deadlines</p> <p><input type="checkbox"/> anticipate and accommodate change, and handle ambiguity, uncertainty, and unfamiliarity</p> <p><input type="checkbox"/> articulate ideas and information comprehensibly in visual, oral and written forms</p> <p><input type="checkbox"/> present ideas and work to audiences in a range of situations</p> <p><input type="checkbox"/> select and employ appropriate technologies</p> <p><input type="checkbox"/> are aware of the economic forces which frame the media, cultural and creative industries</p> <p><input type="checkbox"/> understand the role of cultural practices and cultural institutions in society</p> <p><input type="checkbox"/> communicate effectively in interpersonal settings, in writing and in a variety of media</p> <p>Rating Scale 1-4 1 = Unsatisfactory 2 = Needs Improvement 3 = Meets Expectations 4 = Exceeds Expectations</p> <p>Final Rating Score: <i>*informed by input from CTE instructors</i> Signature: _____ Date: _____</p>