

AGRICULTURAL EDUCATION - STUDENT CAREER DATA SHEET

Revised 7.16.10

A. Name
Last Name First Name, MI

B. Gender: Male Female

C. Ethnicity/Race:
 Are you Hispanic or Latino? (Check one) Yes No

The above part of the question is about ethnicity, not race. No matter what you selected above, please answer the following by marking one or more boxes to indicate what you believe your race to be.

- American Indian or Alaskan Native
- Asian Indian
- Cambodian
- Chinese
- Hmong
- Japanese
- Korean
- Laotian
- Vietnamese
- Black or African American
- Filipino
- Guamanian
- Samoan
- Tahitian
- White

D. Year in Agriculture Program:
(1st, 2nd, 3rd, 4th)

E. Grade Level in School:
(9, 10, 11, 12)

F. I Am Taking This Course Because: (Select One)

- I plan a career in agriculture
- Not a career, just an interest in agriculture.
- Not interested, placed in class.

G. When you eventually take your place in this world, what would you like to do? If your dream is not related to agriculture, place in parenthesis () an occupation in agriculture you would enjoy doing.

H. Date:

I. Locator Data
 Street Address:
 City, Zip:
 Phone Number:
 Email:
 Parent/Guardian Name (Print Full Name For Each):
 Mr.
 Miss/Mrs./Ms.

J. Program of Instruction Being Pursued: (Select Only One)

- Plant & Soil Science (4010)
- Animal Science (4020)
- Agricultural Mechanics (4030)
- Agricultural Business (4040)
- Ornamental Horticulture (4050)
- Forestry & Natural Resources (4060)
- Agriscience (4070)

K. Please indicate below your plans after graduation from high school:

- | | |
|-----------------------------|--------------------------|
| 1. Go to Work Full - Time | <input type="checkbox"/> |
| No Further Education | <input type="checkbox"/> |
| Some College Later | <input type="checkbox"/> |
| 2. Go to College | <input type="checkbox"/> |
| Community College | <input type="checkbox"/> |
| Four Year College | <input type="checkbox"/> |
| Full-Time Student | <input type="checkbox"/> |
| Part-Time Student | <input type="checkbox"/> |
| Agriculture Major | <input type="checkbox"/> |
| Non-Agriculture Major | <input type="checkbox"/> |
| 3. Go Into Military Service | <input type="checkbox"/> |

STUDENT PROGRAM PLANNING FORM

L. Planned course of study to meet occupational goal. By school year, list all classes previously taken, currently taking, and planned to be taken in the future.

FRESHMAN YEAR	SOPHOMORE YEAR	JUNIOR YEAR	SENIOR YEAR
School Year 	School Year 	School Year 	School Year
Course	Course	Course	Course

M. Supervised Agricultural Experience Plan (Project Program should be related to career goal).

S.A.E	Size	S.A.E	Size	S.A.E	Size	S.A.E	Size

N. Planned Department Activity (FFA)

Parents/Guardians Signature: _____