**SUGGESTED TIMELINE FOR ICAP COMPLETION**

This suggested timeline is **not a requirement** but rather a framework for districts to use as they build their ICAP process, this tool should be edited based on your district needs.

**SEPTEMBER**

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| **CAREER AWARENESS** | **Optional ICAP grade levels** | | | | **Required ICAP** | | | | | |
| **Completion Criteria** | | **6** | **7** | **8** | | **9** | **10** | **11** | **12** |
| Career Interest Inventory | | X | X | X | | X |  |  |  |
| Career Skills | |  |  |  | |  | X |  |  |
| Career Cluster Survey | |  |  |  | |  |  | X |  |
| Work Values Survey | |  |  |  | |  |  |  | X |
| Expected Outcomes | | Use this space to explain the outcomes for your students, i.e. I hope my students learn more about their interest and the tools to help connect their interests to careers. | | | | | | | |

**Career Awareness –** ICAP completion requires students to complete at least ONE career or personal interest survey a year. \*\* It is NOT necessary for students to complete more than one a year, unless required by your district.

**OCTOBER/NOVEMBER**

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| **EXPLORATION - GOALS** | **Optional ICAP grade levels** | | | | **Required ICAP grade levels** | | | | |
| **Completion Criteria** | | **6** | **7** | **8** | | **9** | **10** | **11** | **12** |
| Career Portfolio Set-Up / Update | |  |  | X | | X | X | X | X |
| Explore Career Clusters | |  |  | X | | X | X | X |  |
| Postsecondary Goals | |  |  | X | | X | X | X | X |
| Career Exploration Day | | X | X | X | |  |  | X | X |
| Expected Outcomes | |  | | | | | | | |

**Goals -** Using one of the free online tools allow students to use completed surveys to explore career clusters, post - secondary plans, and set post - secondary goals. All results are to be saved in the online tool for further review.

**JANUARY/FEBRUARY**

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| **PREPARATION/PLANNING – ACTIVITIES, EXPERIENCES, AWARDS in E-PORTFOLIO** | **Optional ICAP grade levels** | | | | **Required ICAP Grade levels** | | | | |
| **Completion Criteria** | | **6** | **7** | **8** | | **9** | **10** | **11** | **12** |
| Postsecondary Goals | |  |  | X | | X | X | X | X |
| Career Planning Activities | |  |  | X | | X | X | X | X |
| Organizations & Activities | | X | X | X | | X | X | X | X |
| Service Learning Activities | | X | X | X | | X | X | X | X |
| Job Shadow | |  |  | X | | X | X |  |  |
| Internship | |  |  |  | |  |  | X | X |
| Expected Outcomes | | Use this space to explain the outcomes for your students, | | | | | | | |

**E - Portfolio -** Using one of the free online tools allow students to use completed surveys to explore career clusters, post - secondary plans, and set post - secondary goals. All results are to be saved in the online tool for further review.

**MARCH/APRIL**

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| **PLAN / PROGRAM OF STUDY - Create and update Plan of Study using online tool** | **Optional ICAP Grade levels** | | | | **Required ICAP Grade levels** | | | | |
| **Completion Criteria** | | **6** | **7** | **8** | | **9** | **10** | **11** | **12** |
| Complete annual Plan of Study | | X | X | X | | X | X | X | X |
| Explore Program of Study | |  |  |  | | X |  |  |  |
| Choose Program of Study | |  |  |  | |  | X | X | X |
| Choose Program of Study | |  |  |  | |  | X | X | X |
| Expected Outcomes | | Use this space to explain the outcomes for your students, | | | | | | | |

**Plan / Program of Study -** Using findings from completed surveys to explore career clusters, post - secondary plans, and set post - secondary goals, complete a plan of study choosing offered courses with consideration to post - secondary goals. In appropriate grades students should also use results from aforementioned tools to select or explore a program of study offered at a career tech center or make progress towards a degree i.e. concurrent. All results are to be saved in the online tool for further review.

**MAY**

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| **ADVISEMENT REVIEW** | | **Optional ICAP Grade levels** | | | **Required ICAP Grade levels** | | | | |
| **Completion Criteria** | **6** | | **7** | **8** | | **9** | **10** | **11** | **12** |
| Annual ICAP Review Survey |  | |  |  | | X | X | X | X |
| Annual Student Survey | X | | X | X | | X | X | X | X |
| Expected Outcomes | Use this space to explain the outcomes for your students, | | | | | | | | |

**Parent Review:** Parents/guardians should review the ICAPs prior to the Annual ICAP Review, and before June of every school year.