



Individual Career Academic Plan (ICAP)

Dear Parent/Guardian:

Over the last several weeks, I have met with your senior regarding his/her plans after high school. I have really enjoyed this experience, and attached you will find your students ICAP as it stands to date. I have highlighted areas that we have discussed but have not yet been completed. The hope is that every student will be able to complete these important steps prior to graduation. It has been a pleasure getting to know your student over the last year and a half and I look forward to sharing in their excitement as they make that move into life after high school. If you have any questions please feel free to contact me. Once you have reviewed these documents with your student and completed the highlighted components please sign and have your student return it to me no later than May 17, 2019. If you do not plan on completing the missing components please be sure to sign the attached ICAP as well as the Affirmation of Understanding included below. Thank you so much for the opportunity to work with your student.

Best Regards,

Coronado High School Counseling

Save the Dates:



Individual Career Academic Plan (ICAP) Affirmation of Understanding

ICAP Requirement & Purpose

The District requires each student to complete an Individual Career Academic Plan (ICAP) as a graduation requirement. The ICAP is both a state law (C.R.S. 22-32-109(1)(kk)(II)) and Colorado Springs School District 11 Board of Education policy (See Board Policy IKF, Graduation Requirements), which is in harmony with state law Senate Bill 09-256 and Colorado State Board of Education Rules 1 CCR 301-81.

The goal of the ICAP experience is to assist students and their parents/guardians in developing and maintaining a personalized postsecondary plan that ensures preparedness for postsecondary

and workforce readiness (PWR). Please visit the District's ICAP overview and requirements on the District's website at <http://www.d11.org/counseling/CIC/D11%20ICAP%209-28-15.pdf>

ICAP Affirmation

As the parent, or legal guardian, of _____ (child's full name), I realize I have the fundamental and legal right to direct the upbringing and education of my child. I hereby, respectfully and formally state that:

- 1) I understand that the purpose of the ICAP is designed to help my student plan for his/her future by exploring, identifying, and learning about their interests, strengths, and goals as they prepare for postsecondary education and career opportunities.
- 2) I understand that ICAP is a continual process of learning and activities in grades 9-12 to help students increase their knowledge of themselves, the world of work, and education.
- 3) I understand that the ICAP is Colorado state law and a District graduation requirement.

***I affirm that my child has received sufficient information and support in their ICAP for postsecondary and workforce readiness (PWR). I affirm that my student has been adequately advised for their postsecondary future.

Child's name _____ Grade Level _____
Parent's name _____ Parent's signature _____
Date _____ School Name _____
School District _____ School Year _____
Received by _____ Date Received _____