# My Careers Ideas

Name: Year Group:

At school, I am talking about my future with…..



When I’m not in school, I am talking about my future with…..





Things I like to do. My interests:





Things I don’t like:



What are my next steps?



When I leave school, I would like to be….



 



I need help with……



I keep healthy by……



 I am happy for my action plan to be shared with people who can help me.

Advisor Signature:  Date:

Learner Signature: