

Sept. 2011 **IMPORTANT: ACTION REQUIRED FOR GRADUATION**

Dear grade 12 students, parents and guardians:

During the last school year, NWSS grade 11 students made a choice as to how they would complete the Graduation Transitions Program (GTP). NWSS has created 3 assignments that, once completed, will show student achievement in the 3 areas of this program:

- Personal Health Plan
- Community Connections
- Transition Plan

Please find them attached to this sheet. **All assignments may be downloaded at www.nwss.ca (under the menu items “courses,” “graduation,” “GTP”).** How students complete these assignments will depend on the option they chose during course selection of their grade 11 year.

You have chosen the **Independent Route** for completing your GTP. This means that you will complete these assignments on your own time **before May 2012**, seeking clarification from your GTP teacher (*Ms. K. MacDonald or Ms. C. McNulty*) **as shown on your timetable as a Z block**. There will be no formal class meeting times although the teachers will be available outside of class time. Students will need to make an appointment with their GTP teacher to do their presentation interview once the assignments are complete. Students who do not contact their GTP teacher or show progress in meeting these requirements by November will be notified with a letter home. The teachers can be reached at:

Ms. K. MacDonald Room 185
kmacdonald@sd40.bc.ca
604-517-6226

Ms. C. McNulty Room 253
cmcnulty@sd40.bc.ca

We appreciate your attention to this important graduation requirement. We trust that all of our grade 12 students will work hard to succeed in the GTP according to the choice they made in their grade 11 year.

Sincerely,



Mary Bushman
NWSS Principal

NWSS Graduation Transitions Plan (GTP) Mark Sheet

Student name: _____

Student #: _____

Teacher Signature: _____

Summary

Personal Health RM _____

Community Connections RM _____

Transition Plan RM _____

GTP Requirements Met _____ =4 credits

Date completed _____

Personal Health Plan

150 min/week of moderate to vigorous physical activity (DPA) _____

Healthy Living Plan

- 1. Regular exercise plan _____
- 2. Sound nutritional habits _____
- 3. Stress management _____
- 4. Positive health choices _____

Personal health requirement met _____

Community Connections

30 hours of paid or volunteer work experience _____ (at _____)

Community Connections Reflection

- 1. reflect on fundamental skills _____
- 2. reflect on self-management skills _____
- 3. reflect on teamwork skills _____
- 4. benefit to self and community _____

Community connections requirement met _____

Transition Plan

- 1. Transition Plan which supports career, life and learning goals _____
(includes PSI form if applicable and Do What You Are printout)
- 2. Financial Plan _____
- 3. Application (to work, school, travel, etc.) _____
- 4. Resume and references _____
- 5. Proof of skills, interests and/or achievements _____
- 6. Presentation interview _____

Transition plan requirement met _____

Name: _____ Student # _____
 (first and last)

DAILY PHYSICAL ACTIVITY LOG

At New Westminster Secondary, we understand the importance of physical fitness and realize that students are active year round at school, in the community, on vacation, and with their friends and family. In accordance with the Ministry of Education's requirements for Daily Physical Activity, students must demonstrate their completion of 150 minutes per week of moderate to vigorous physical activity.

Describe activity and length of activity in minutes. Your weekly DPA should total 150 minutes of moderate to vigorous physical activity (ex. School or community sports teams, lessons, fitness centre, P.E. or Dance class, physical work, etc.). See the example below. Teachers may require documentation (ex. Team practice & game schedule, etc.)

SEPTEMBER 2011							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL MINS /WK
Swimming 60 mins				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30		

**** Parent/Guardian signature is required!! ****

I, _____, verify that this is a true reflection of my child's monthly physical activity.

Parent/Guardian Signature: _____ Student Signature: _____

Name: _____ Student # _____

(first and last)

DAILY PHYSICAL ACTIVITY LOG

Describe activity and length of activity in minutes. Your weekly DPA should total 150 minutes of moderate to vigorous physical activity (ex. School or community sports teams, lessons, fitness centre, P.E. or Dance class, physical work, etc.). See the example below. Teachers may require documentation (ex. Team practice & game schedule, etc.)

**** Parent/Guardian signature is required!! ****

OCTOBER 2011							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL MINS / Wk
Yoga 60 mins						1	
2	3	4	5	6	7	8	
9	10 Thanksgiving Day	11	12	13	14	15	
16	17	18	19	20	21 Pro-D Day	22	
23	24	25	26	27	28	29	
30	31 Halloween						

I, _____, verify that this is a true reflection of my child's monthly physical activity.

Parent/Guardian Signature: _____ Student Signature: _____

Name: _____ Student # _____

(first and last)

DAILY PHYSICAL ACTIVITY LOG

Describe activity and length of activity in minutes. Your weekly DPA should total 150 minutes of moderate to vigorous physical activity (ex. School or community sports teams, lessons, fitness centre, P.E. or Dance class, physical work, etc.). See the example below. Teachers may require documentation (ex. Team practice & game schedule, etc.)

NOVEMBER 2011							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL MINS / WK
Football game 120 mins							
6	7	8	9	10	11 Remembrance Day	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25 Pro-D Day	26	
27	28	29	30				

I, _____, verify that this is a true reflection of my child's monthly physical activity.

Parent/Guardian Signature: _____ Student Signature: _____

Name: _____ Student # _____
 (first and last)

DAILY PHYSICAL ACTIVITY LOG

Describe activity and length of activity in minutes. Your weekly DPA should total 150 minutes of moderate to vigorous physical activity (ex. School or community sports teams, lessons, fitness centre, P.E. or Dance class, physical work, etc.). See the example below. Teachers may require documentation (ex. Team practice & game schedule, etc.)

DECEMBER 2011							TOTAL MINS / Wk
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
<i>Weight lifting 45 mins</i>				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16 Last day of classes	17	
18	19 Winter Break begins	20	21	22	23	24	
25	26	27	28	29	30	31	

I, _____, verify that this is a true reflection of my child's monthly physical activity.

Parent/Guardian Signature: _____ Student Signature: _____

Name: _____ Student # _____
(first and last)

DAILY PHYSICAL ACTIVITY LOG

Describe activity and length of activity in minutes. Your weekly DPA should total 150 minutes of moderate to vigorous physical activity (ex. School or community sports teams, lessons, fitness centre, P.E. or Dance class, physical work, etc.). See the example below. Teachers may require documentation (ex. Team practice & game schedule, etc.)

**** Parent/Guardian signature is required!! ****

JANUARY 2012							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL MINS / WK
	2 Winter Vacation	3 School Re-Opens	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18 Last day-regular classes	19 Blk. A & C finals	20 Blk. B & D finals	21	
22	23	24	25	26	27	28	
29	30 Semester 2 Begins	31				<i>Skiing 120 mins</i>	

I, _____, verify that this is a true reflection of my child's monthly physical activity.

Parent/Guardian Signature: _____ Student Signature: _____

Name: _____ Student # _____
(first and last)

DAILY PHYSICAL ACTIVITY LOG

Describe activity and length of activity in minutes. Your weekly DPA should total 150 minutes of moderate to vigorous physical activity (ex. School or community sports teams, lessons, fitness centre, P.E. or Dance class, physical work, etc.). See the example below. Teachers may require documentation (ex. Team practice & game schedule, etc.)

FEBRUARY 2012							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL MINS / Wk
<i>Biking 60 mins</i>			1	2	3	4	
5	6	7	8	9	10 Pro-D Day	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29				

I, _____, verify that this is a true reflection of my child's monthly physical activity.

Parent/Guardian Signature: _____ Student Signature: _____

Name: _____ Student # _____
 (first and last)

DAILY PHYSICAL ACTIVITY LOG

Describe activity and length of activity in minutes. Your weekly DPA should total 150 minutes of moderate to vigorous physical activity (ex. School or community sports teams, lessons, fitness centre, P.E. or Dance class, physical work, etc.). See the example below. Teachers may require documentation (ex. Team practice & game schedule, etc.)

MARCH 2012							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL MINS / Wk
<i>Skateboard 45 mins</i>				1	2	3	
4	5	6	7	8	9 Pro-D Day	10	
11	12	13	14	15	16	17	
18	19 Spring Vacation begins	20	21	22	23	24	
25	26	27	28	29	30	31	

I, _____, verify that this is a true reflection of my child's monthly physical activity.

Parent/Guardian Signature: _____ Student Signature: _____

Name: _____ Student # _____
(first and last)

DAILY PHYSICAL ACTIVITY LOG

Describe activity and length of activity in minutes. Your weekly DPA should total 150 minutes of moderate to vigorous physical activity (ex. School or community sports teams, lessons, fitness centre, P.E. or Dance class, physical work, etc.). See the example below. Teachers may require documentation (ex. Team practice & game schedule, etc.)

APRIL 2012								TOTAL MINS / WK
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
1	2	3	4	5	6 Good Friday	7		
8 Easter Sunday	9 Easter Monday	10	11	12	13	14		
15	16	17	18	19	20	21		
22	23	24	25	26	27 Pro-D Day	28		
29	30							

I, _____, verify that this is a true reflection of my child's monthly physical activity.

Parent/Guardian Signature: _____ Student Signature: _____

Name: _____ Student # _____
(first and last)

DAILY PHYSICAL ACTIVITY LOG

Describe activity and length of activity in minutes. Your weekly DPA should total 150 minutes of moderate to vigorous physical activity (ex. School or community sports teams, lessons, fitness centre, P.E. or Dance class, physical work, etc.). See the example below. Teachers may require documentation (ex. Team practice & game schedule, etc.)

**** Parent/Guardian signature is required!! ****

MAY 2012							
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL MINS / Wk
6		1	2	3	4	5	
7		8	9	10 Final deadline for GTP	11 Curriculum Day	12	
13	14	15	16	17	18	19	
20	21 Victoria Day	22	23	24	25	26	
27	28	29	30	31			

I, _____, verify that this is a true reflection of my child's monthly physical activity.

Parent/Guardian Signature: _____

Student Signature: _____

Name: _____

Personal Health Plan

Your healthy living plan must have **at least 4 parts**: regular exercise plan, sound nutritional habits, stress management, and positive health choices.

1. Regular exercise plan for school year 2011-2012:

To meet the Daily Physical Activity (DPA) requirement of 150 minutes per week, I commit to the following plan for the remainder of this school year:

Month	Activity(s)
Oct.	
Nov.	
Dec.	
Jan.	
Feb.	
Mar.	
Apr.	
May	
June	

After high school graduation...

I will exercise _____ times each week for a total of _____ hours.

I plan to do the following types of physical exercise/activity:

(Remember, some of your high school activities may no longer be options as an adult....)

• What are the advantages / disadvantages of each?

ACTIVITY	Advantages	Disadvantages
1.		
2.		
3.		

To keep me motivated in my exercise routines, I will: _____

Canada's Food Guide

Recommended Number of Food Guide Servings per Day

Age in Years Sex	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

2. Sound Nutritional Habits:

How will you get a balanced diet?

Write in the Canada's Food Guide recommended servings for adults for each food group (see the previous page of this section for this information). List some of the foods you plan to eat to meet these recommendations.

_____ servings of **Vegetables and Fruits** – examples of vegetables I eat: _____
- examples of fruits I eat: _____

_____ servings of **Grain Products**
examples of grain products I eat: _____

_____ servings of **Milk and Alternatives**
examples of milk products I eat: _____

_____ servings of **Meats and Alternatives**
examples of meats and alternatives I eat: _____

I will eat no more than _____ servings of other or junk foods because I know that they are not the healthiest choices for me.
Examples of other foods: _____

As I become more independent (and may live on my own), I will make sure that I choose healthier foods by:

(circle/highlight all that seem realistic for your lifestyle)

- choosing whole grains more often than white
- reading food labels
- making weekly meal plans
- avoiding fast foods
- putting Food Guide on fridge
- ensuring I buy food from all 4 food groups
- cutting & preparing fruit & veggies for the week

Your own idea(s):

What is One Food Guide Serving?

Look at the examples below.

Vegetables + Fruit



Fresh, frozen or canned vegetables
125 mL (½ cup)



Leafy vegetables
Cooked: 125 mL (½ cup)
Raw: 250 mL (1 cup)

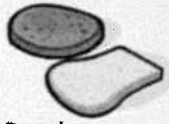


Fresh, frozen or
canned fruits
1 fruit or 125 mL (½ cup)



100% Juice
125 mL (½ cup)

Grain Products



Bread
1 slice (35 g)



Bagel
½ bagel (45 g)



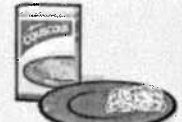
Flat breads
½ pita or ½ tortilla (35 g)



Cooked rice,
bulgur or quinoa
125 mL (½ cup)



Cereal
Cold: 30 g
Hot: 175 mL (¾ cup)



Cooked pasta
or couscous
125 mL (½ cup)

Milk + Alternatives



Milk or powdered
milk (reconstituted)
250 mL (1 cup)



Canned milk
(evaporated)
125 mL (½ cup)



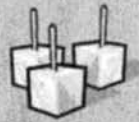
Fortified soy
beverage
250 mL (1 cup)



Yogurt
175 g
(¾ cup)



Kefir
175 g
(¾ cup)



Cheese
50 g (1 ½ oz.)

Meat + Alternatives



Cooked fish, shellfish,
poultry, lean meat
75 g (2 ½ oz.)/125 mL (½ cup)



Cooked legumes
175 mL (¾ cup)



Tofu
150 g or
175 mL (¾ cup)



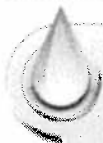
Eggs
2 eggs



Peanut or nut butters
30 mL (2 Tbsp)



Shelled nuts
and seeds
60 mL (¼ cup)



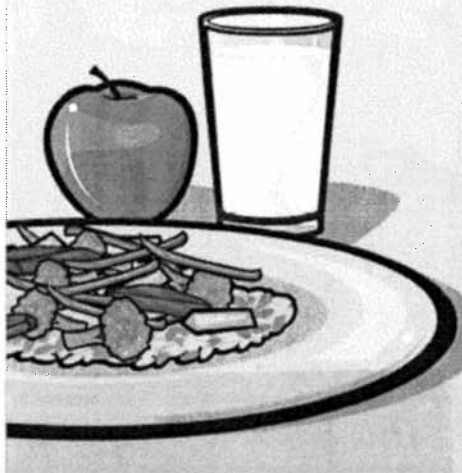
Oils and Fats

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.



How do I count Food Guide Servings in a meal?

Here is an example:



Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert

250 mL (1 cup) mixed broccoli, carrot and sweet red pepper = 2 Vegetables and Fruit Food Guide Servings

75 g (2 ½ oz.) lean beef = 1 Meat and Alternatives Food Guide Serving

250 mL (1 cup) brown rice = 2 Grain Products Food Guide Servings

5 mL (1 tsp) canola oil = part of your Oils and Fats intake for the day

250 mL (1 cup) 1% milk = 1 Milk and Alternatives Food Guide Serving

1 apple = 1 Vegetables and Fruit Food Guide Serving

Healthy Eating Plan

Record your food intake for 3 days including the number of servings in each food group. See "Examples of One Food Group Serving" on previous pages or go to <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php> (Canada's Food Guide) for more information.

Total each food group's servings for each day and compare to the recommended servings. Include 2 goals for improvement.

	Day 1:	Day 2:	Day 3:
Breakfast	V & F = _____ Grains = _____ Milk = _____ M & A = _____	V & F = _____ Grains = _____ Milk = _____ M & A = _____	V & F = _____ Grains = _____ Milk = _____ M & A = _____
Lunch	V & F = _____ Grains = _____ Milk = _____ M & A = _____	V & F = _____ Grains = _____ Milk = _____ M & A = _____	V & F = _____ Grains = _____ Milk = _____ M & A = _____
Dinner	V & F = _____ Grains = _____ Milk = _____ M & A = _____	V & F = _____ Grains = _____ Milk = _____ M & A = _____	V & F = _____ Grains = _____ Milk = _____ M & A = _____
Total # of servings per day	X	X	X
2 Goals for Improvement	1. _____ 2. _____		

Complete this "How Stressed Are You" Quiz before answering the Stress Management questions on the following page.

HOW STRESSED ARE YOU?

Check your total score on the list below, Count any item that happened in the last 12 months.

The Stress Event	Values
Death of Parent, Brother, Sister, Boyfriend/Girlfriend	100
Divorce of your parents	65
Puberty	65
Pregnancy or causing pregnancy	60
Break-up with boyfriend/ girlfriend	60
Jail term or probation	60
Death of an extended family member	60
Serious personal injury or illness	45
Change in independence or responsibility	45
Any drug / alcohol use	45
Fired at work or expelled from school	45
Change in alcohol or drug use	40
Reconciliation with family, boyfriend/ girlfriend	40
Trouble at school	40
Serious health problem of a family member	40
Working while attending school	35
Working more than 40 hours per week	35
Change in frequency of dating	35
Gain of new family member (baby born, parent remarries)	35
Change in work responsibilities	35
Death of friend	30
Change in the number of arguments with family or friends	30
Sleep less than 8 hours per night	25
Trouble with the family of your boyfriend / girlfriend	25
Outstanding personal achievement (awards, grades etc.)	25
Parents start or stop working	25
Begin or end school	20
Change in living conditions (visitors in house, remodeling)	20
Change in personal habits (start or stop smoking, dieting)	20
Chronic Allergies	20
Change in residence	15
Presently in pre-menstrual period	15
Change in religious activity	15
No money	10
Change in frequency of family gatherings	10
Vacation	10
Presently in the winter season of the year	10
Minor violation of the law	5

YOUR TOTAL: _____

Any score over 250 means you're stressed!

WAYS OF DEALING WITH STRESS

- 1. RE-SET YOUR BODY CLOCK**
Set yourself a reasonable wake-up time and bedtime. Stick to it. Allow up to 3 weeks to re-set your body clock. ** During the daytime get some exposure to natural light.
- 2. GIVE YOURSELF A BREAK TODAY**
Repair and regenerate. Every morning prioritize a list of everything that needs to be done. "Then cut the bottom half off the list."
- 3. LIGHTEN UP YOUR LOAD OF SOCIAL ENGAGEMENTS (Say "no")**
- 4. POSTPONE A CHANGE IN YOUR LIVING ENVIRONMENT**
Change = Stress Even good change adds stress.
- 5. NO MORE THAN 40 HRS. / WEEK AT WORK OR SCHOOL**
- 6. KEEP BLOOD SUGAR LEVELS STEADY**
Avoid the highs and lows caused by sugar, candy, caffeine & alcohol
**Choose cereal, pasta, bread & rice; they will provide a slow even release of sugar
Eating vegetables will increase the production of "serotonin" a happy neurotransmitter.
- 7. ALLERGIES**
Avoid foods or any items that may trigger your allergies
- 8. EXERCISE**
This will give the nerve cells in the brain a chance to rest (stop worrying) Rest your mind: choose music, art, read, create etc.
- 9. RESIST THE USE OF DRUGS AND TRANQUILIZERS**
They may block out overstressed feelings short term but can do long term damage.
- 10. TAKE SEVERAL 30-SECOND BREAKS TO LOOK OUT THE WINDOW OR STRETCH**
- 11. MEDITATE. OR PRACTICE A RELAXATION TECHNIQUE LIKE YOGA. OR TAI-CHI**
- 12. HUG YOUR FAMILY AND FRIENDS**

3. Stress Management

Some stress is normal and not all stress is negative.

- Complete the *'How Stressed are You'* Quiz on the previous page of this section, then look at some of the suggested ways of dealing with stress.
- What are the three main things that cause my stress level to rise (these can be ideas from the quiz or your own)? Be specific.

1. _____

2. _____

3. _____

- What ways do I show my stress?

- Name one thing you currently do to relieve stress. Is it a healthy alternative?

- What are other ways of dealing with stress that I use or could use? (See *"Ways of Dealing with Stress"* sheet on the previous page of this section.)
 - List three and give their good and bad sides.

Ways of dealing with Stress	Good	Bad
1.		
2.		
3.		

- Who can you talk to or where can you turn if you need help dealing with stress?

4. Positive Health Choices:

There are other influences that affect your overall health.

Choose 3 of the following topics and write about how you plan to maintain your health in each of those areas:

- Dental health
- Medical check ups
- Vitamins and other supplements
- Life balance
- Relationship health
- Brain health
- Sexual health
- Alcohol/drug use
- Spirituality
- Maintaining a positive outlook
- Emotional health (self-esteem, depression, body image....)

a) _____

b) _____

c) _____

Name: _____

Community Connections Reflection

Reflection on learning from 30 hours of work and/or volunteer experience

Important: Proof of participation must be attached (pay stubs, NWSS form)

Type of work experience (check one):

Paid employment _____

Volunteer work _____

Student's job title: _____

Company or organization name: _____

Number of hours completed: _____

1. Describe the type of work you did, equipment used, and the tasks/duties performed.

For questions #2, 3, & 4, see "Employability Skills 2000+" sheet (next page).

2. Highlight, circle or underline the **fundamental skills** (column 1) used in or developed from your work experience.

Give 2 examples of how you used some of these fundamental skills.

3. Highlight, circle or underline the **personal management skills** (column 2) used in or developed from your work experience.

Give 2 examples of how you used these personal management skills.

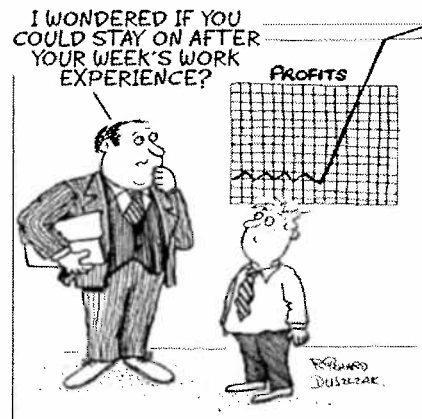
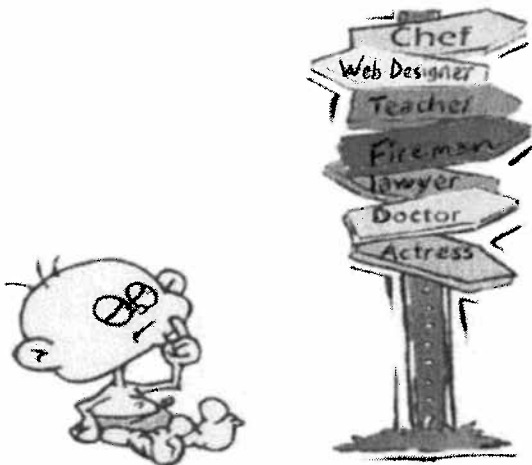
4. Highlight, circle or underline the **teamwork skills** (column 3) used in or developed from your work experience.
Give 2 examples of how you used these teamwork skills.

5. Overall, what did you learn about yourself from this work?

What did you learn about the world of work?

6. How was your contribution in this work significant to you and your community?
How did you and others benefit? What would happen if no one did this work?

7. Would you like to do this work in the future? Why or why not?



Employability Skills 2000+

The skills you need to enter, stay in, and progress in the world of work—whether you work on your own or as a part of a team.

These skills can also be applied and used beyond the workplace in a range of daily activities.

Fundamental Skills

The skills needed as a base for further development

You will be better prepared to progress in the world of work when you can:

Communicate

- read and understand information presented in a variety of forms (e.g., words, graphs, charts, diagrams)
- write and speak so others pay attention and understand
- listen and ask questions to understand and appreciate the points of view of others
- share information using a range of information and communications technologies (e.g., voice, e-mail, computers)
- use relevant scientific, technological and mathematical knowledge and skills to explain or clarify ideas

Manage Information

- locate, gather and organize information using appropriate technology and information systems
- access, analyze and apply knowledge and skills from various disciplines (e.g., the arts, languages, science, technology, mathematics, social sciences, and the humanities)

Use Numbers

- decide what needs to be measured or calculated
- observe and record data using appropriate methods, tools and technology
- make estimates and verify calculations

Think & Solve Problems

- assess situations and identify problems
- seek different points of view and evaluate them based on facts
- recognize the human, interpersonal, technical, scientific and mathematical dimensions of a problem
- identify the root cause of a problem
- be creative and innovative in exploring possible solutions
- readily use science, technology and mathematics as ways to think, gain and share knowledge, solve problems and make decisions
- evaluate solutions to make recommendations or decisions
- implement solutions
- check to see if a solution works, and act on opportunities for improvement

Personal Management Skills

The personal skills, attitudes and behaviours that drive one's potential for growth

You will be able to offer yourself greater possibilities for achievement when you can:

Demonstrate Positive Attitudes & Behaviours

- feel good about yourself and be confident
- deal with people, problems and situations with honesty, integrity and personal ethics
- recognize your own and other people's good efforts
- take care of your personal health
- show interest, initiative and effort

Be Responsible

- set goals and priorities balancing work and personal life
- plan and manage time, money and other resources to achieve goals
- assess, weigh and manage risk
- be accountable for your actions and the actions of your group
- be socially responsible and contribute to your community

Be Adaptable

- work independently or as a part of a team
- carry out multiple tasks or projects
- be innovative and resourceful: identify and suggest alternative ways to achieve goals and get the job done
- be open and respond constructively to change
- learn from your mistakes and accept feedback
- cope with uncertainty

Learn Continuously

- be willing to continuously learn and grow
- assess personal strengths and areas for development
- set your own learning goals
- identify and access learning sources and opportunities
- plan for and achieve your learning goals

Work Safely

- be aware of personal and group health and safety practices and procedures, and act in accordance with these

Teamwork Skills

The skills and attributes needed to contribute productively

You will be better prepared to add value to the outcomes of a task, project or team when you can:

Work with Others

- understand and work within the dynamics of a group
- ensure that a team's purpose and objectives are clear
- be flexible: respect, be open to and supportive of the thoughts, opinions and contributions of others in a group
- recognize and respect people's diversity, individual differences and perspectives
- accept and provide feedback in a constructive and considerate manner
- contribute to a team by sharing information and expertise
- lead or support when appropriate, motivating a group for high performance
- understand the role of conflict in a group to reach solutions
- manage and resolve conflict when appropriate

Participate in Projects & Tasks

- plan, design or carry out a project or task from start to finish with well-defined objectives and outcomes
- develop a plan, seek feedback, test, revise and implement
- work to agreed quality standards and specifications
- select and use appropriate tools and technology for a task or project
- adapt to changing requirements and information
- continuously monitor the success of a project or task and identify ways to improve



The Conference Board of Canada

255 Smyth Road, Ottawa
ON K1H 8M7 Canada
Tel. (613) 526-3280
Fax (613) 526-4857

Internet: www.conferenceboard.ca/education

**NEW WESTMINSTER SECONDARY SCHOOL
PROOF OF PARTICIPATION
FOR
VOLUNTEER WORK**

Student Name: _____ Student #: _____

Type and/or Name of Activity : _____

Location: _____

Date(s) of Activity: _____

Hours Attended: _____

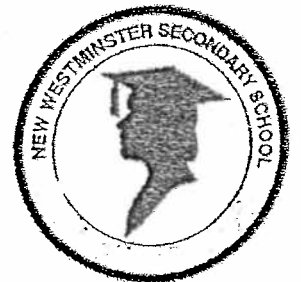
Comments: _____

Sponsor Name (printed): _____

Sponsor Signature: _____

Sponsor Phone Number or Fax: _____

Date Signed: _____



Attach business card or company letterhead

**NEW WESTMINSTER SECONDARY SCHOOL
PROOF OF PARTICIPATION
&
WCB COVERAGE FOR PAID EMPLOYMENT**

Student Name: _____ Student #: _____

Note: ORDER OF THE MINISTER OF EDUCATION

A School board may recognize a student's current or past paid employment as fulfilling the work experience part of a Career and Personal Planning Course provided the student satisfies the board that the employment provides or provided coverage for the student under the Workers Compensation Act as confirmed in writing by the student's employer.

Type and/or Name of Activity : _____

Location: _____

Date(s) of Activity: _____

Hours Attended: _____

Comments: _____

Sponsor Name (printed): _____

Sponsor Signature: _____

Sponsor Phone Number or Fax: _____

Date Signed: _____

Attach business card or company letterhead

Name: _____

TRANSITION PLAN GOAL SETTING

SHORT TERM GOALS (within 2 years of graduation)	LONG TERM GOALS (between 2-10 years after graduation)
<p>Consider:</p> <ul style="list-style-type: none">▪ Workforce▪ Post-secondary education or training▪ Skills upgrading▪ Travel▪ Other	<p>Consider:</p> <ul style="list-style-type: none">▪ Eventual career choices▪ Financial goals▪ Key life experiences▪ Health▪ Other
<p>List your goals and suggest a timeline for completion. Be specific!</p> <p><i>Ex) Travel to Australia Nov. 2013</i></p> <p>Goal: _____</p> <p>_____</p> <p>Date: _____</p> <p>Goal: _____</p> <p>_____</p> <p>Date: _____</p> <p>Goal: _____</p> <p>_____</p> <p>Date: _____</p>	<p>List your goals and suggest a timeline for completion. Be specific!</p> <p><i>Ex) Save \$5000 towards first car By age 25</i></p> <p>Goal: _____</p> <p>_____</p> <p>Date: _____</p> <p>Goal: _____</p> <p>_____</p> <p>Date: _____</p> <p>Goal: _____</p> <p>_____</p> <p>Date: _____</p>



Optional: For inspiration, see YouTube videos entitled "Randy Pausch Last Lecture: Achieving Your Childhood Dreams" or "Inspirational Speech by Dr Randy Pausch On the Oprah Winfrey Show The Last Lecture"

(Complete this page again – your GTP teacher will be keeping one copy)

Name: _____

TRANSITION PLAN

GOAL SETTING

SHORT TERM GOALS (within 2 years of graduation) Consider: <ul style="list-style-type: none">▪ Workforce▪ Post-secondary education or training▪ Skills upgrading▪ Travel▪ Other	LONG TERM GOALS (between 2-10 years after graduation) Consider: <ul style="list-style-type: none">▪ Eventual career choices▪ Financial goals▪ Key life experiences▪ Health▪ Other
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SELF-ASSESSMENT

Attach proof of your skills, interests or achievements that relate to your goals. Ex) certificate, medal, project or assignment you did well on, photo of you in performance, art/creative work, karate belt, dance shoes, etc.)

SKILLS

1. List 2 specific skills, abilities or talents you have that support your goals.

a) _____

b) _____

2. Where did you learn these skills?

3. How do these skills support your goals?

INTERESTS

1. Select one of your long term goals and explain why you want to reach this goal.

2. List your areas of interest (i.e. sports, hobbies, activities, clubs...)

3. Which of these interests connect to your goals? How? _____

PERSONALITY

Complete the personality assessment located at:

www.bridges.ca

Click on "site ID"

Type in site ID as: 0000164

Type in password as: dineslog

Click on "Do What You Are"

Click on "Register here"

Fill in your personal information and create a username and password

Record your username and password here:

Username _____

Password _____

Record your four letter personality code: _____

Summarize what the printout says about your personality. _____

**** Print out and staple at least pages 1 & 2 of the "Do What You Are" report to this booklet.**

Do you think the results of this personality assessment are accurate? _____

Specify why or why not with an example. _____

What personality trait(s) will help you in your career path?

What personality trait(s) might interfere with your career path?

List **5 occupations** from the report that appeal to you: _____

VALUES

1. As an adult, how will you contribute to society?

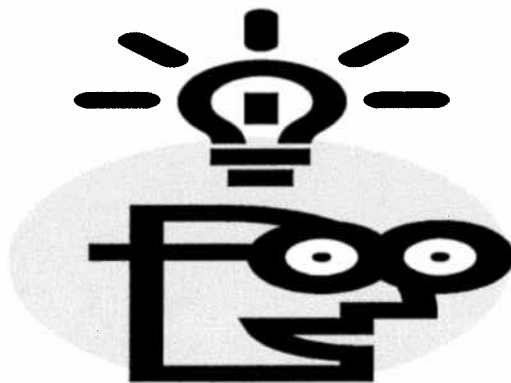
a) locally: _____

b) nationally: _____

c) globally: _____

2. What do you believe in? Design a personal philosophy statement that describes your values and beliefs. (*Ex. mottos, inspiration quotes, life lessons, etc.*)

How does this philosophy fit with your goals?





EDUCATION, TRAINING AND EXPERIENCE

Attach a COMPLETED application to 1 institute, job, etc. that relates to your goals. Staple it to this booklet.

- To apply for post-secondary schools, see BCcampus Services Portal at <https://portal.bccampus.ca/>
- If you've completed a school application, attach receipt or email confirming your application was received by the institution.

What is 1 career option that you are thinking about?

Does this career option require training or post-secondary education? _____

If not, write about how you plan to get into this work: _____

If so, find out about it by doing the following research:

The following websites may be helpful for finding this information:

www.educationplanner.ca

Click: Programs

New Search – fill in Search Options “filters” (left side of screen) to find programs you may be interested in comparing

www.studentcounsellor.com

Type in the username: **BC604New**

And the password: **western**

1. What type of education or training is required to achieve your long-term goals? (apprenticeship, college, technical institute, university...)

2. What institutions provide this training? (These may be on the jobsite or at an institution.)

Name of institution: _____ Program Name: _____

Name of institution: _____ Program Name: _____

3. Choose 1 institution from above at which you plan to train/study. For this institution describe:

a. Name of the program: _____

b. Name of the institution: _____

c. Application deadline: _____

d. Cost of the program: _____

e. Entrance requirements (courses, skills, experiences...):

Will you be able to meet these entrance requirements? If so, describe how. If not, describe what you need to do.

f. What credential(s) will you attain from this institution, program or training experience? (Ex: certificate, diploma, degree in...)

g. Why is this program at this institution most appropriate to your interests, personality and values? Why would you choose this institute?

How are SCHOOL AND COMMUNITY EXPERIENCES relevant?

Attach a current resume and separate page of typed references to this booklet.

1. List courses you have taken (or are taking) during grades 10, 11 and 12 that have helped prepare you to reach your goals.

2. Discuss 1 of the above courses. Describe the skills, knowledge and/or attitudes that were developed in this course and how it has been helpful.

3. What other learning experiences have you had during your secondary school experience (extra-curricular sports, clubs, intramurals, projects, friends, etc.) How have these connected with your goals?



CHALLENGES AND RESOURCES

1. List potential challenges you may face in the achievement of your goals.

a) _____

b) _____

c) _____

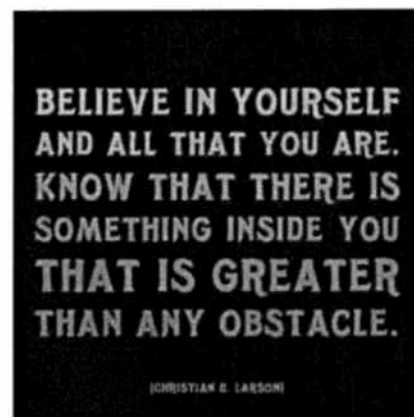
2. How might you overcome each of these challenges?

a) _____

b) _____

c) _____

3. List examples of resources that you can use in pursuing your goals (ex. family, teachers, employers, websites, community members, friends, etc.)



***“Brick walls are there for a reason: they let us prove how badly we want things.”
– Randy Pausch, The Last Lecture***

Financial Planning

Sources of Income - Examples

Estimating Your Yearly Income *while attending University or College*

Part-time job in retail environment:

During the School Year

Job	Hourly Wage	Hours/Week	Weekly Income	Monthly Income	School Year (8 months)
Sales	\$10	16*	\$160	\$640	\$5,120

* 2 shifts of 4 hours each = 8, plus 1 shift of 8 hours = 16 hours/week

During the Summer

Job	Hourly Wage	Hours/Week	Weekly Income	Monthly Income	Summer Break (12 weeks)
Sales	\$10	40	\$400	\$1,600	\$6,400

TOTAL GROSS YEARLY INCOME	\$11, 520
Deductions (20%)	\$ 2,304
TOTAL NET INCOME	\$ 9,216

Gross Pay vs. Net Pay

What you make minus the deductions (ex. Taxes, CPP, EI, union dues, etc.)

On average, employers deduct (subtract) approximately 20% of students' gross income.

Deductions for youth working full-time and not attending post-secondary school are approximately 30%.

Apprenticeship

Apprentices get paid to work while they train with a skilled trades-worker.

Other funding sources

- Personal savings
- RESP (Registered Education Savings Plan)
- Scholarships, bursaries, Grants
- Student Loans
- Funding from Family

Scholarships: Usually awarded to students with high academic standing in a specific field.

Bursaries: Awarded to students who are in financial need, although this is not always a requirement. They are generally not dependent on high scholastic achievement.

Grants: Provided based on a student's particular financial need or situation (ex. students of visible minority or disabled students).

Student Loan: It is just like any other loans, with a few important differences. For example, the main qualification to be eligible for a student loan is "need." It is meant to supplement other sources of income available to students (ex. paid work, parental contributions, savings, etc.).

Financial Planning Cost of Living Expenses

Typical monthly expenses for an 18 to 20 year old full-time student

Fixed Expenses	Example	Typical Expenses
Rent/residence	\$ 400	\$ 350 – 800
Utilities (electricity & gas)	\$ 50	\$ 45 – 65
Telecommunications (cable, internet, cell phone, phone)	\$ 100	\$ 55 – 220
Insurance (Car)	\$ 0	\$ 120 – 300
Insurance (home & contents)	\$ 25	\$ 10 – 35
Insurance (other – travel medical)	\$ 0	\$ 20 – 50

Variable Expenses	Example	Typical Expenses
Food (groceries)	\$ 200	\$ 120 – 300
Food (eating out)	\$ 100	\$ 30 – 200
Transportation (car payment, gas, maintenance, etc.)	\$ 0	\$ 60 – 650
Transportation (public transit)	\$ 30	\$ 30 – 80
Medical/Dental (Medical Services Plan, dental, glasses/lenses, medications)	\$ 50	\$ 50 – 100
Clothing	\$ 75	\$ 40 – 225
Personal Hygiene (toiletries, hair care, make-up, laundry, etc.)	\$ 85	\$ 10 – 110
Entertainment (movies, games, DVDs, clubs, concerts, sports, etc.)	\$ 75	\$ 40 – 250
Other (gifts & charitable donations)	\$ 30	\$ 10 – 50
Other (cleaning, maintenance, furniture, etc.)	\$ 20	\$ 20 – 100
Other (travel)	\$ 30	\$ 25 – 200
Other (pets)	\$ 0	\$ 15 – 110
Other (computer – hardware, software, accessories, supplies)	\$ 50	\$ 50 – 200

Total Monthly Expenses <i>(add all above expenses)</i>	\$ 1,320
Yearly Expenses <i>(Total Monthly Expenses x 12)</i>	\$15,840

Yearly Education Expenses		
Education (tuition, student fees)	\$ 5,000	\$3,500 – 5,000
Education (books, supplies)	\$ 1,500	\$1,200 – 1,700

Total Yearly Expenses <i>(Yearly Expenses + Education Expenses)</i>	\$22,340
---	-----------------

My Financial Plan

The purpose of this exercise is to account for your potential expenses regardless of who is paying them. You **MUST include a dollar figure for necessary items such as rent, food, phone, etc.** These expenses can be balanced by including the amounts as income in the "Funding from Family" section in the chart below. \$0 for most or all expenses is not acceptable.

It is strongly recommended that you discuss this plan with your parent/guardian. This plan is confidential and will be retained by you and not the school.

Use the following pages to design an **estimated** budget for your **FIRST YEAR** (from July to July) **after your high school graduation. WRITE IN PENCIL!!**

Income	Expenses																																																																												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Employment Income</td> </tr> <tr> <td>Hourly Wage</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Hours per Week</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Monthly Income</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>During School Year:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2"><i>(Monthly Income x 8 months)</i></td> </tr> <tr> <td>Hourly wage</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Hours per Week</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Monthly Income</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>During the Summer:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2"><i>(Monthly Income x 4 months)</i></td> </tr> <tr> <td>Income After Deductions*</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Cash/Savings</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Awards/Scholarships</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Funding from Family</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Student Loan</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other Income</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Yearly Income</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Employment Income		Hourly Wage	\$ _____	Hours per Week	_____	Monthly Income	\$ _____	During School Year:	\$ _____	<i>(Monthly Income x 8 months)</i>		Hourly wage	\$ _____	Hours per Week	_____	Monthly Income	\$ _____	During the Summer:	\$ _____	<i>(Monthly Income x 4 months)</i>		Income After Deductions*	\$ _____	Cash/Savings	\$ _____	Awards/Scholarships	\$ _____	Funding from Family	\$ _____	Student Loan	\$ _____	Other Income	\$ _____	Total Yearly Income	\$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Monthly Expenses</td> </tr> <tr> <td>Rent/Residence</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Utilities (electricity & gas)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Telecommunications (cable, internet, cell phone, phone)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Insurance (ex. Car)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Food (groceries)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Food (eating out)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Transportation</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Medical/Dental</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Clothing</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Personal Hygiene</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Entertainment</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other (furniture, gifts, travel, etc.)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Monthly Subtotal</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Yearly Subtotal</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2"><i>(monthly subtotal x 12)</i></td> </tr> <tr> <td colspan="2">Add Yearly Education Expenses</td> </tr> <tr> <td>Tuition</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Books & supplies</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Yearly Expenses</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Monthly Expenses		Rent/Residence	\$ _____	Utilities (electricity & gas)	\$ _____	Telecommunications (cable, internet, cell phone, phone)	\$ _____	Insurance (ex. Car)	\$ _____	Food (groceries)	\$ _____	Food (eating out)	\$ _____	Transportation	\$ _____	Medical/Dental	\$ _____	Clothing	\$ _____	Personal Hygiene	\$ _____	Entertainment	\$ _____	Other (furniture, gifts, travel, etc.)	\$ _____	Monthly Subtotal	\$ _____	Yearly Subtotal	\$ _____	<i>(monthly subtotal x 12)</i>		Add Yearly Education Expenses		Tuition	\$ _____	Books & supplies	\$ _____	Total Yearly Expenses	\$ _____
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* Need help?? See examples on the previous and next pages.

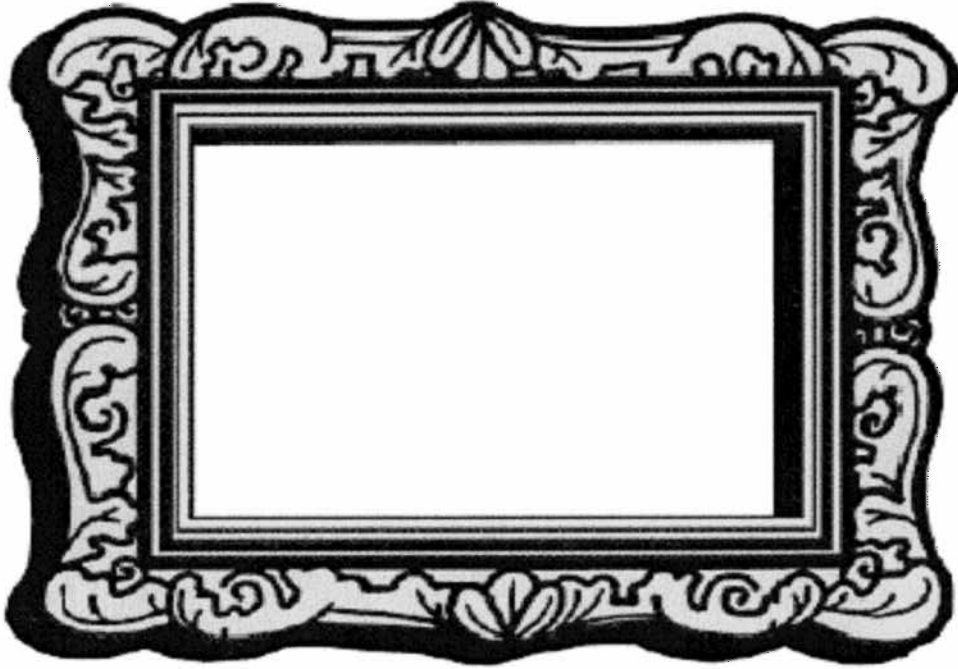
Compare your income to your expenses and check off the one that applies to you:

- I have enough income to pay for my expenses.
- I do not have enough income to pay for my expenses. What will you do to make up the additional amount needed? (ex. Get a student loan?) _____

*** Optional Page ***

ADDITIONAL INFORMATION

Inspirational quotes, photos, creative ideas, goals, etc...



PLEASE and REMEMBER TO ATTACH:

- DPA log signed by parent/guardian and you
- Proof of 30 work experience hours
- Proof of skills, interests or achievements that connect to your goals (something you feel proud of or that shows something about you that connects to a goal in some way)
- “Do What You Are” Personality Assessment
- Completed application to a post-secondary option (school, job, etc.)
- Current resume
- Typed page of references (see sample format below)

Note: List of 2-3 references should be **typed** WITHOUT THE WORDS IN BRACKETS as follows:

REFERENCES FOR:
(Name)_____
(Address)_____

(Phone/Email)_____

(Reference Name)_____
(Position)_____
(Company/Organization)_____
(Location)_____
(Phone #)_____
(Reference Name)_____
(Position)_____
(Company/Organization)_____
(Location)_____
(Phone #)_____
(Reference Name)_____
(Position)_____
(Company/Organization)_____
(Location)_____
(Phone #)_____

Enjoy taking your plan into action and your resulting success!

“Never let the fear of striking out get in your way.” (Babe Ruth)