

CAREER COUNSELING INTAKE FORM – STUDENT

Demographic Information:

Name:	Date:
Date of Birth:	Current School:
Home/Mobile Phone:	Is it ok to leave a message for you at this number? Y / N
Work Phone:	Is it ok to leave a message for you at this number? Y / N
Email:	Is it ok to email you? Y / N
Mailing Address:	
Current school classification:	How were you referred?

Career Information (please use as much room as needed):

1. Why are you seeking career counseling/assessment?
2. What do you hope to accomplish from career counseling?
3. What are your current career goals? (Even if you are very uncertain, just fill in any thoughts that you might have.)
4. If you could do anything you wanted, what would it be?
5. Which 3-5 of these values is most important to you regarding your work?

<input type="checkbox"/> Achievement	<input type="checkbox"/> Environment	<input type="checkbox"/> Leadership	<input type="checkbox"/> Stability	<input type="checkbox"/> Enjoyment
<input type="checkbox"/> Creativity	<input type="checkbox"/> Money	<input type="checkbox"/> Moral Fulfillment	<input type="checkbox"/> Security	<input type="checkbox"/> Competition
<input type="checkbox"/> Helping others	<input type="checkbox"/> Status/recognition	<input type="checkbox"/> Intellectual Stimulation	<input type="checkbox"/> Variety	<input type="checkbox"/> Challenge/adventure
<input type="checkbox"/> Helping society	<input type="checkbox"/> Free time/leisure	<input type="checkbox"/> Self-Direction	<input type="checkbox"/> Authority	<input type="checkbox"/> Independence
6. What kinds of barriers could get in the way of meeting your career goals?