

Student Career Counseling Form

Personal Details

Student Name: _____

Student ID: _____

Grade/Year: _____

Date of Counseling Session: _____

Career Interests

- STEM (Science, Technology, Engineering, Mathematics)
- Arts and Humanities
- Business and Management
- Healthcare and Medicine
- Other (Specify): _____

Career Goals

Short-Term Goals: _____

Long-Term Goals: _____

Skills and Strengths

List key skills or strengths:

Counselor's Recommendations

Suggested Courses or Activities: _____

Internship or Volunteering Opportunities: _____

Acknowledgment and Signature

I acknowledge the guidance provided during this session.

Student Name: _____

Signature: _____

Date: _____

Counselor Name: _____

Signature: _____

Date: _____