**Student Career Counseling Form**

**Student Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Grade Level: ☐ 9th ☐ 10th ☐ 11th ☐ 12th**
* **Parent/Guardian Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Career Exploration**

* **What careers interest you the most?
☐ Healthcare
☐ Technology
☐ Engineering
☐ Business
☐ Arts & Humanities
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Have you taken any career assessments before? ☐ Yes ☐ No**

**Extracurricular and Leadership Activities**

* **Clubs or organizations you are a part of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Any volunteering or internship experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Future Plans**

* **Do you plan to attend college? ☐ Yes ☐ No**
* **If yes, preferred major(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: */*/\_\_\_\_\_**