

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: //_____