



Higher Education Career Counseling Intake Form



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Please complete all areas on all pages of this form

TODAY'S DATE: _____

FIRST NAME:		LAST NAME:			
EMAIL ADDRESS:		PHONE:		PREFERRED CONTACT:	
		<input type="checkbox"/> Home <input type="checkbox"/> Cell		<input type="checkbox"/> Email <input type="checkbox"/> Phone	
I AM A:					
<input type="checkbox"/> High School Student:		<input type="checkbox"/> College Student		<input type="checkbox"/> Post-Secondary Graduate	
<input type="checkbox"/> Returning to College		<input type="checkbox"/> Employed		<input type="checkbox"/> Unemployed	
PLEASE INDICATE THE HIGHEST LEVEL OF EDUCATION YOU'VE ACHIEVED:					
<input type="checkbox"/> High School Grade:		<input type="checkbox"/> High School Graduate:			
<input type="checkbox"/> College:		<input type="checkbox"/> Trade school/Certificate:			
HOW DID YOU HEAR ABOUT CAREER COUNSELING? (mark all that apply)					
<input type="checkbox"/> Counselor/Advisor		<input type="checkbox"/> Friend/Fellow Student		<input type="checkbox"/> Staff Member	
<input type="checkbox"/> Instructor		<input type="checkbox"/> Family Member		<input type="checkbox"/> CCT Website	
<input type="checkbox"/> Other					
I WOULD LIKE ASSISTANCE FROM THE CAREER COUNSELOR IN THE FOLLOWING AREA(S): (mark all that apply)					
<input type="checkbox"/> Choosing my major/career path		<input type="checkbox"/> Confirming my choice of major/career path			
<input type="checkbox"/> Changing my major/career path. My current major is:		<input type="checkbox"/> Researching specific majors/career paths			
		<input type="checkbox"/> Other: _____			
WHAT IS YOUR EDUCATIONAL GOAL?					
<input type="checkbox"/> Certificate		<input type="checkbox"/> Transfer to a four-year institution			
<input type="checkbox"/> Associate Degree		<input type="checkbox"/> Unsure			
WHAT OBSTACLES OR CHALLENGES ARE YOU FACING IN YOUR CAREER PLANNING PROCESS? (mark all that apply)					
<input type="checkbox"/> Indecisiveness		<input type="checkbox"/> Academic issues		<input type="checkbox"/> Disability	
<input type="checkbox"/> Lack of major or career information		<input type="checkbox"/> Low motivation		<input type="checkbox"/> Health issue (physical and/or mental)	
<input type="checkbox"/> Too many interests		<input type="checkbox"/> Low confidence		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Lack of interests		<input type="checkbox"/> Pressure from others		_____	

HAVE YOU TAKEN ANY CAREER ASSESSMENTS BEFORE?	DO YOU HAVE ACCESS TO A COMPUTER WITH INTERNET (<i>not a smart phone</i>)?	RATE YOUR SKILL-LEVEL USING THE INTERNET TO DO RESEARCH:	
<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
WHAT DAYS/TIMES WORK BEST FOR YOUR ONE-HOUR APPOINTMENT? (mark all that apply)			
Monday <input type="checkbox"/> 8:00 am <input type="checkbox"/> 9:00 am <input type="checkbox"/> 10:00 am <input type="checkbox"/> 11:00 am <input type="checkbox"/> 12:30 pm <input type="checkbox"/> 1:30 pm <input type="checkbox"/> 2:30 pm <input type="checkbox"/> 3:30 pm <input type="checkbox"/> 4:30 pm	Tuesday <input type="checkbox"/> 8:00 am <input type="checkbox"/> 9:00 am <input type="checkbox"/> 10:00 am <input type="checkbox"/> 11:00 am <input type="checkbox"/> 12:30 pm <input type="checkbox"/> 1:30 pm <input type="checkbox"/> 2:30 pm <input type="checkbox"/> 3:30 pm <input type="checkbox"/> 4:30 pm	Wednesday <input type="checkbox"/> 8:00 am <input type="checkbox"/> 9:00 am <input type="checkbox"/> 10:00 am <input type="checkbox"/> 11:00 am <input type="checkbox"/> 12:30 pm <input type="checkbox"/> 1:30 pm <input type="checkbox"/> 2:30 pm <input type="checkbox"/> 3:30pm <input type="checkbox"/> 4:30 pm	Thursday <input type="checkbox"/> 8:00 am <input type="checkbox"/> 9:00 am <input type="checkbox"/> 10:00 am <input type="checkbox"/> 11:00 am <input type="checkbox"/> 12:30 pm <input type="checkbox"/> 1:30 pm <input type="checkbox"/> 2:30 pm <input type="checkbox"/> 3:30pm <input type="checkbox"/> 4:30 pm
WHO OR WHAT HAVE BEEN THE BIGGEST INFLUENCES ON YOUR CAREER INTERESTS AND WHY?			
IF YOU COULD DO ANYTHING THAT YOU WANTED TO AS YOUR CAREER, WHAT WOULD IT BE AND WHY?			
WHAT ARE SOME MAJORS AND CAREERS THAT YOU HAVE CONSIDERED SO FAR AND WHY?			

WHAT ARE SOME OF YOUR FAVORITE SCHOOL SUBJECTS AND WHY?

WHAT ARE SOME OF YOUR LEAST FAVORITE SCHOOL SUBJECTS AND WHY?

TELL ME ABOUT SOME OF YOUR STRENGTHS, SKILLS, AND/OR TALENTS:

TELL ME ABOUT ANY JOBS/INTERNSHIPS/VOLUNTEER EXPERIENCES THAT YOU HAVE LIKED AND/OR DISLIKED: