

Career Counseling Intake Form

Demographic Information:

Name:	Date:
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
Student Number:	How were you referred?
Program:	Year:

Background 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. How sure are you about these future plans? Certain ☐ Pretty sure ☐ Uncertain ☐ Very un-certain ☐

5. If you could do anything you wanted, what would it be?

6. Which 3-5 of these values is most important to you regarding your work?

__Achievement	__Environment	__Leadership	__Stability	__Enjoyment
__Creativity	__Money	__Moral Fulfillment	__Security	__Competition
__Helping others	__Status/recognition	__Intellectual Stimulation	__Variety	__Challenge/adventure
__Helping society	__Free time/leisure	__Self-Direction	__Authority	__Independence

6. What kinds of barriers could get in the way of meeting your career goals?

Career counselling appointment scheduled for – Date _____ Time: _____

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