

## Career Counseling Intake Form

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_

Preferred contact information

Phone number \_\_\_\_\_  
E-mail address \_\_\_\_\_

Why are you interested in career counseling services?

- ☐ Obtaining information
- ☐ about different careers
- ☐ about job market
- ☐ about different majors
- ☐ Choosing or changing your career
- ☐ Confirming or choosing your major
- ☐ Personality/ skills/ interests assessment
- ☐ Assistance with job search

What are your current career goals?

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What's your current occupational status?

- ☐ Employed Full-time
- ☐ Employed Part-time

What is your current job title? \_\_\_\_\_

How long have you been in your  
current position? \_\_\_\_\_

- ☐ Self Employed
- ☐ Student
- ☐ Returning to work

What is your highest level of formal education? \_\_\_\_\_

How did you hear about E&L Counseling and Consulting Group? \_\_\_\_\_

Any additional information you would like to share? \_\_\_\_\_