



CAREER COUNSELING INTAKE

Name: _____ Date: _____

G#: _____ Years in School (at PCC): _____ Major/Program: _____

Age: _____ Gender: _____ Ethnicity: _____

Are you a first generation college student (first in your family to attend college)?

- Yes No

What are the reason(s) you are seeking career counseling [Please check all that apply]?

- | | |
|---|---|
| <input type="checkbox"/> Assessments (interests, skills, Personality, values, etc.) | <input type="checkbox"/> Setting career goals |
| <input type="checkbox"/> Changing careers | <input type="checkbox"/> Transitions |
| <input type="checkbox"/> Confirming career choice | <input type="checkbox"/> Undecided in career |
| <input type="checkbox"/> Decision-making | <input type="checkbox"/> Undecided in major |
| <input type="checkbox"/> Informational interviewing | <input type="checkbox"/> Values clarification |
| <input type="checkbox"/> Personal development | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Research | |

Are you working with a PCC Disability Services Counselor?

- Yes No

Name of counselor: _____

Are you registered in classes at PCC this term?

- Yes No

Are you planning to register for classes next term?

- Yes No

The career search process is sometimes impacted if you have a criminal background. Have you been convicted of any crimes?

- Yes No

What would you like to accomplish in career counseling?

Thank you for taking the time to complete this form.