

WORKFORCE SERVICES

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Today's Date: ____/____/____

STUDENT QUESTIONNAIRE

Please fill out the following questionnaire so your Career Advisor can get to know you and your interests better.

Student Name: _____ Age: _____ Birthdate: ____/____/____

High School: _____ Grade: _____

Email: _____ Phone: (____) _____ - _____

Can the Career Advisor text your phone? Yes No Do you have reliable transportation? Yes No

Are you currently working? Yes No. If yes, where? _____

Do you have a resume? Yes No. If yes, date last updated? _____

INTERESTS

What are you hoping to get out of working with your school's Career Advisor?

Have you taken a career interest inventory? Yes No.

If yes, when? _____ and what were the results? _____

What are your areas of interest? *(please list more than one AND mark order of preference, 1 = most preferred)*

Any personal connections for your area(s) of interest: _____

Specific business or organization you are interested in: _____

EDUCATION

Have you thought about school after you graduate high school? Yes No

Have you taken or will you take the ACT? Yes No

If yes, what are your plans for schooling? _____

If no, what are your plans after high school? _____

Is there anything else you want to share about yourself?