



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]?

Assessments (interests, skills, Personality, values, etc.)

Setting career goals

Changing careers

Transitions

Confirming career choice

Undecided in career

Decision-making

Undecided in major

Informational interviewing

Values clarification

Personal development

Other: _____

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.