



# Career Center Intake Form

Please complete all areas on both pages of this form

TODAY'S DATE: \_\_\_\_\_

<b>FIRST NAME:</b>	<b>LAST NAME:</b>	<b>STUDENT ID:</b>
		900
<b>AVC EMAIL ADDRESS:</b>	<b>PHONE:</b>	<b>PREFERRED CONTACT:</b>
	<input type="checkbox"/> Home <input type="checkbox"/> Cell	<input type="checkbox"/> Email <input type="checkbox"/> Phone

<b>I AM A:</b>		
<input type="checkbox"/> Prospective student	<input type="checkbox"/> Continuing student	<input type="checkbox"/> Alumni
<input type="checkbox"/> New student	<input type="checkbox"/> Returning student	<input type="checkbox"/> Other: _____

<b>HOW DID YOU HEAR ABOUT THE CAREER CENTER? (mark all that apply)</b>			
<input type="checkbox"/> Counselor/Advisor	<input type="checkbox"/> Friend/Fellow Student	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Alumni
<input type="checkbox"/> Instructor	<input type="checkbox"/> Family Member	<input type="checkbox"/> AVC Website	<input type="checkbox"/> Other: _____

<b>I WOULD LIKE ASSISTANCE FROM THE CAREER CENTER IN THE FOLLOWING AREA(S): (mark all that apply)</b>			
<input type="checkbox"/> Choosing my major/career path	<input type="checkbox"/> Confirming my choice of major/career path		
<input type="checkbox"/> Changing my major/career path. My current major is: _____	<input type="checkbox"/> Researching specific majors/career paths	<input type="checkbox"/> Other: _____	

<b>WHAT IS YOUR EDUCATIONAL GOAL AT AVC?</b>	
<input type="checkbox"/> Certificate	<input type="checkbox"/> Transfer to a four-year institution
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Unsure

<b>WHAT OBSTACLES OR CHALLENGES ARE YOU FACING IN YOUR CAREER PLANNING PROCESS? (mark all that apply)</b>		
<input type="checkbox"/> Indecisiveness	<input type="checkbox"/> Academic issues	<input type="checkbox"/> Disability
<input type="checkbox"/> Lack of major or career information	<input type="checkbox"/> Low motivation	<input type="checkbox"/> Health issue (physical and/or mental)
<input type="checkbox"/> Too many interests	<input type="checkbox"/> Low confidence	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lack of interests	<input type="checkbox"/> Pressure from others	_____

<b>HAVE YOU TAKEN ANY CAREER ASSESSMENTS BEFORE?</b>	<b>DO YOU HAVE ACCESS TO A COMPUTER WITH INTERNET (not a smart phone)?</b>	<b>RATE YOUR SKILL-LEVEL USING THE INTERNET TO DO RESEARCH:</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

<b>WHAT DAYS/TIMES WORK BEST FOR YOUR ONE-HOUR APPOINTMENT? (mark all that apply)</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<input type="checkbox"/> 8:30am	<input type="checkbox"/> 8:30am	<input type="checkbox"/> 8:30am	<input type="checkbox"/> 8:30am	<input type="checkbox"/> 7:30am
<input type="checkbox"/> 9:30am	<input type="checkbox"/> 9:30am	<input type="checkbox"/> 9:30am	<input type="checkbox"/> 9:30am	<input type="checkbox"/> 8:30am
<input type="checkbox"/> 10:30am	<input type="checkbox"/> 10:30am	<input type="checkbox"/> 10:30am	<input type="checkbox"/> 10:30am	<input type="checkbox"/> 9:30am
<input type="checkbox"/> 1:30pm	<input type="checkbox"/> 11:30am	<input type="checkbox"/> 1:30pm	<input type="checkbox"/> 1:30pm	<input type="checkbox"/> 10:30am
<input type="checkbox"/> 2:30pm	<input type="checkbox"/> 3:30pm	<input type="checkbox"/> 2:30pm	<input type="checkbox"/> 2:30pm	
<input type="checkbox"/> 3:30pm	<input type="checkbox"/> 4:30pm	<input type="checkbox"/> 3:30pm	<input type="checkbox"/> 3:30pm	
<input type="checkbox"/> 4:30pm		<input type="checkbox"/> 4:30pm	<input type="checkbox"/> 4:30pm	

**WHAT IS THE MOST IMPORTANT THING YOU WOULD LIKE TO ACCOMPLISH THROUGH WORKING WITH THE CAREER CENTER?**

**WHO OR WHAT HAVE BEEN THE BIGGEST INFLUENCES ON YOUR CAREER INTERESTS AND WHY?**

**IF YOU COULD DO ANYTHING THAT YOU WANTED TO AS YOUR CAREER, WHAT WOULD IT BE AND WHY?**

**WHAT ARE SOME MAJORS AND CAREERS THAT YOU HAVE CONSIDERED SO FAR AND WHY?**

**WHAT ARE SOME OF YOUR FAVORITE SCHOOL SUBJECTS AND WHY?**

**WHAT ARE SOME OF YOUR LEAST FAVORITE SCHOOL SUBJECTS AND WHY?**

**TELL ME ABOUT SOME OF YOUR STRENGTHS, SKILLS, AND/OR TALENTS:**

**TELL ME ABOUT ANY JOBS/INTERNSHIPS/VOLUNTEER EXPERIENCES THAT YOU HAVE LIKED AND/OR DISLIKED:**