



9106 N. MERIDIAN ST.
SUITE 100
INDIANAPOLIS, IN 46260
TEL: (317) 575-9111
FAX: (317) 571-4470
www.childrensresourcegroup.com

A Multi-Specialty Behavioral Health Practice

Career Assessment Intake Form

Name: _____ DOB: _____

Current School/Grade: _____ Cumulative GPA: _____

Current Place of Employment: _____ Job Title: _____

Work Experience: Please describe the 3 most recent work experiences you have had (for pay or voluntary). Start with your current/most recent job.

Job Title/Business	Describe Duties	What You Liked & Disliked

What extracurricular activities are you in, or were you in, at school? _____

What hobbies or interests do you have? How do you like to spend your free time? _____

(If applicable): What are your plans for the next step(s) in your education? Majors?
Specific colleges? Types of colleges?

(If applicable): What are your thoughts about your current desire to change/alter jobs
or explore a new career? _____

Identify 3 jobs or careers you could see yourself enjoying and explain why:

- 1) _____
- 2) _____
- 3) _____

What are the top 2 questions you would like answers to as you pursue this career
assessment?

- 1) _____
- 2) _____

What is most unclear or frustrating right now as you think about your career path?

***Thank you for taking time to complete this form. Please print a copy
and bring that to your Career Assessment appointment.***