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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? \_\_\_\_\_

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

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

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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?

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