



## CAREER PLANNING QUESTIONNAIRE

NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

How were you referred to career planning?

### CAREER/LIFESTYLE INFORMATION

Please indicate your reason(s) for participating in career planning:

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|---|--|
| <input type="checkbox"/> Desire to improve self                                       | <input type="checkbox"/> Desire to prepare for a position change (i.e., promotion, demotion, transfer, etc.) |
| <input type="checkbox"/> Self-Assessment (Personality, Interests, Values)             | <input type="checkbox"/> Experiencing career related discrimination  |
| <input type="checkbox"/> Need assistance in career/academic/lifestyle decision-making | <input type="checkbox"/> Job terminating. Desire to explore job search strategies                            |
| <input type="checkbox"/> Uncertain about career/academic/lifestyle options            | <input type="checkbox"/> Job search assistance   |
| <input type="checkbox"/> Uncertain about educational options                          | <input type="checkbox"/> Career stress   |
| <input type="checkbox"/> Need to plan for the future                                  | <input type="checkbox"/> Job dissatisfaction due to job duty assignments                                     |
| <input type="checkbox"/> Need to alter career/lifestyle goals                         | <input type="checkbox"/> Job dissatisfaction due to interpersonal relations with peers or supervisors        |
| <input type="checkbox"/> Need to set long-range career/lifestyle goals                | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Need for occupational/vocational information                 |  |

**RATE YOUR FEELING ABOUT THE FOLLOWING IDEAS ( 1 = poor to 5 = very good )**

Values/Purpose/Passion: \_\_\_\_\_

Social Network/Friendships \_\_\_\_\_

Relationship with parent(s) (if applicable) \_\_\_\_\_

Relationships with spouse/significant other (if applicable) \_\_\_\_\_

Educated/ Knowledge/ Expertise \_\_\_\_\_

Finances \_\_\_\_\_

Emotional & Mental Health \_\_\_\_\_

Physical health/well-being \_\_\_\_\_



Please respond to all the following questions:

What are your present career aspirations? Assume no barriers to achieving them.

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Who or what has had the greatest influence on your career choice(s)?

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What was your childhood occupational interest or fantasy?

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What degree or training certifications do you hold?

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What leisure activities or hobbies, volunteer work, or civic involvement do you enjoy now and/or have you enjoyed in the past? \_\_\_\_\_

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What do you consider to be your strengths?

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What do you like most about yourself?

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What are effective coping strategies that you've learned?

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