INDIVIDUAL CAREER PLANNER

(To be completed by the student)

Name: ___________________  Date: ____________________

School: ___________________  Grade: ___________________

1. What is your first career choice and who will you work with (example, I want to be a Pediatrician and work with babies)?
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Do you have a second choice? Y or N
   If so, what is your second career choice?
   ____________________________________________________________________________
   ____________________________________________________________________________

3. What career are you the least interested in (example, I do not want to be a shoe salesman)?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

4. In your career, where will you work (office, laboratory, factory, outdoors, stadium, classroom, hospital, restaurant, hair salon……)?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. Do you have a job now or did you work in the past? If so, where do or did you work and what was your job title?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

6. Have you taken the ACT, Plan or Explore Test? If so, when, and what was your composite score?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

7. Are you involved in any extracurricular activities in school or out of school? If so, what activities?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________