

INDIVIDUALIZED ACADEMIC/CAREER PATHWAY PLAN

Intake Form

Intake Date: _____

Name: _____

Birthdate: _____

Address: _____

Soc. Sec. #: _____

Referred by: _____

Phone: _____

Counselor: _____

Education:

GED Graduate: _____ Year: _____

High School attended: _____ Grade completed: _____

Special Ed background/LD Testing: _____

Other training or degree: _____

Marital Status:

Single _____ Divorced _____ Widowed _____

Married _____ Separated _____

Children/DOB

Employment Status:

_____ Full-time

_____ Part-time

_____ Unemployed, Seeking

_____ Unemployed, Not Seeking

_____ Wage/Salary _____

_____ DHS Client

Current Assistance:

_____ Food Stamps

_____ Medical Card

_____ Soc. Sec./SSI/SSDI

_____ 4-C Subsidy

_____ Kid Care

_____ Child Support

_____ Subsidized Housing

_____ Unemployment

_____ Federal Financial Aid

_____ TANF _____ Other

Work Experience:

<u>Title</u>	<u>Company</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Work/Hobbies _____

Self Identified Strengths _____

Career Assessment:

Career Interest Assessment: _____

Area of interest identified _____

What kind of job(s) are you interested in? _____

Related skills and abilities _____

Do you have any physical or personal challenges that might interfere with certain jobs? _____

Identified Training Program

_____ Certificate Program _____ Other _____
_____ Vocational Training _____

Special Services Needed to Succeed in Education:

_____ Financial Aid _____ Learning Resources _____
_____ Child Care _____ Personal Counseling _____
_____ Transportation _____ Special Needs _____

Student is in need of training because: _____

Potential Barriers to Employment: _____

How Barriers will be Addressed: _____

Fall semester goals:

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

Spring semester goals:

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

Long term goals:

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

Networking Activities

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

Customer Signature: _____

Date: _____

Staff Signature: _____

Date: _____