

Career Counseling Client Assessment Form

Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Address

Educational Background

Highest Level of Education Achieved

Field(s) of Study

Schools/Institutions Attended

Work Experience

Current Job/Title

Work History (Roles, Companies, Duration)

Skills & Competencies

Career Goals & Interests

Career Goals

Industries of Interest

Preferred Job Locations

Reason(s) for Seeking Counseling

Additional Information

Key Challenges/Concerns

Other Relevant Information