

Career Visions Transition Evaluation Form
High School
Revised 8/07



Name: _____

Date: _____

School: _____

Birthdate: _____

Social Security # _____

Grade: _____

1) If you could have any job in the world, what would it be?

2) What are some of your hobbies or interests?

3) Why do you think you would make a good employee?

4) What do you see yourself doing in 5 years?

5) If you're not working, would you like help in getting a job?

6) After high school, I plan to (please check one) :

_____ Go on to college

_____ Go to a trade or vocational school

_____ Work full time

_____ Go to college while working part-time



Please turn this form over to continue....

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High School
Student Requested Services
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Please put a check mark next to all that you would find interesting:

Career Related Exploration Trips / Guest Speakers

- _____ Occupational Center / Trade School
- _____ Animal Care / Nature Center
- _____ Auto Repair
- _____ Child Care
- _____ Aircraft /Aviation
- _____ Computers (Graphic Arts / Animation / Repair / Programming)
- _____ Firefighting / Police / Protective Services
- _____ Money / Banking / Stock Market
- _____ Hotel / Restaurant / Hospitality
- _____ Hospital / Medical
- _____ Welding / Metal Fabrication
- _____ Working at the Mall / Retail
- _____ Cosmetology (Hair, Nails, Skin) / Fashion
- _____ Culinary Arts / Food Science
- _____ Other: _____

**Please note that we will make every effort to grant your requests.
Completing this form does not guarantee participation.**

Please Sign Here: _____