

PARTICIPANT PROFILE

PERSONAL CONTACT INFORMATION

Name (First & Last): _____ Date of Birth: ____/____/____

School: _____ Grade Level: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone Number: (_____) _____ Select Type: Cell Home Work

Secondary Phone Number: (_____) _____ Select Type: Cell Home Work

Main Email Address: _____ Select Type: School Personal

Secondary Email Address: _____ Select Type: School Personal

EMERGENCY CONTACTS

#1: Name (First & Last): _____

#1: Relationship to You: _____ Phone Number: (____) _____

#2: Name (First & Last): _____

#2: Relationship to You: _____ Phone Number: (____) _____

BACKGROUND INFORMATION (FOR COUNSELOR TO COMPLETE)

Participant's Attendance | # Days Missed Previous School Year: _____

Participant's Cumulative GPA: _____

This participant is on track to graduate and authorized to alter their class schedule to accommodate the career development experience

Counselor Signature: _____ Date: ____/____/____

Counselor Email Address: _____

PRIOR WORK-BASED LEARNING EXPERIENCES

Share your previous work-based learning experiences in the table below. When considering the skills you learned, please refer to the See [Recommended Technical and Essential Employability Competencies](#) document.

What was the experience (job shadow, team-based challenge, internship, etc.)?	Who was the experience with (name of the employer and/or organization)?	When was the experience (include start and end dates with month and year)?	What two competencies did you learn or build during the experience?
<i>Example: Internship</i>	<i>ABC Bank</i>	<i>June – August 2022</i>	<i>Communications & Problem Solving</i>

RELEVANT ACADEMIC EXPERIENCE

In the table below, list your career-related courses or other relevant academic experiences and any Technical and Essential Employability Competencies practiced:

Name of Course	Institution Issuing Credit	Date Completed (or note if it's still in process)	Competencies Practiced

What special skills and/or certifications have you earned? Include multi-lingual fluency, technology skills, any applicable industry certifications, etc.):

What extracurricular activities or organizations do you participate in?

CAREER PATHWAY AND POST-PROGRAM PLANS

Favorite subjects in school:

Careers you are interested in:

Post-program plans you are considering (check all that apply):

2-year school (associate degree)

4-year school (bachelor's degree)

Military

Work/job skills program

Apprenticeship

Employment

Gap year

Other: _____

SELF-ASSESSMENT

Which of these traits do you feel best describe you? (Mark only your top 5.)

Creative

Flexible

Curious

Logical

Patient

Confident

Realistic

Independent

Reliable

Humble

Helpful

Outgoing

Persuasive

Dedicated

Energetic

What knowledge and skills do you feel you still need to develop or improve upon? (Mark each category that applies and provide a brief statement for each on what you specifically would like to focus on.)

Academic Knowledge and Skills

Industry-Focused Knowledge and Technical Competencies

Entrepreneurial Competencies

Essential Employability Competencies

Career Pathway Knowledge and Navigation Skills

SCHEDULE AVAILABILITY

Please mark with an "X" what days and times you are available to participate in a career development experience. Your availability will not impact whether you are qualified to participate but instead will ensure that you are placed appropriately at a host site able to accommodate your schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

TRANSPORTATION

Please indicate your transportation preferences for the career development experience. Transportation provided by the managing organization may require parent/guardian approval.

I am able to provide my own transportation: Yes No

If yes, what is your plan for transportation: _____

I will require assistance with transportation: Yes No

If yes, what assistance is needed: _____