

A TEMPLATE FOR [CAREER DEVELOPMENT EXPERIENCES](https://edsystemsniu.org/career-development-experience-toolkit/)

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:

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](https://edsystemsniu.org/download/3697/) 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? |
| *Example: Internship* | *ABC Bank* | *June – August 2022* | *Communications & Problem Solving* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 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?

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

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:***