

Needs Assessment

Please complete this brief survey about your high school career counseling experience.

First Name:
Last Name:
Phone Number:
Email:
What month and year did you graduate from high school?
What is the name of the high school you graduated from?

1. Did you receive any career or college counseling during high school?
For example, with your HS or one of your HS teachers, did you attend any college campus visits, college or career fairs, career assessments, etc.?
☐ Yes
☐ No
☐ Maybe
2. Were you involved in any career-focused programs or pathways in high school? *For example, CTE, Technology Center, apprenticeships, internships, etc.*
☐ Yes
☐ No
3. Which of the following best describes your current main activity? *Select one or all that apply.*
☐ Working full-time
☐ Working part-time
☐ Looking for work
☐ Military service
☐ Taking a break from school/work
☐ Caring for family/other responsibilities
☐ Other: _____
4. Are you currently working in a field related to your career interests?
☐ Yes
☐ No
☐ Not Sure
5. Did you plan to attend a postsecondary institution right after high school?
☐ Yes
☐ No
☐ Maybe

6. What is the main reason(s) you chose NOT to enroll in a postsecondary education program at this time? *Select all that apply.*

- ☐ Cost/financial concerns
- ☐ Need to work right now
- ☐ Not sure what I want to study
- ☐ Family responsibilities
- ☐ Burnout or need a break from school
- ☐ Not interested in college or training programs
- ☐ Other:

If you selected OTHER, please explain:

7. Do you or would you like to plan to enroll in college, university, or training program within the next year?

- ☐ Yes
- ☐ No
- ☐ Maybe

8. What kind of training or education would you be most interested in, if any?

- ☐ Training or Certificate Program
- ☐ 2-year college
- ☐ 4-year college
- ☐ Online program