

STI Guidance and Counseling OfficeCareer Planning Form

STI	Tertiary (Sem			nd 🗖 Summer	Student No.:	
SY	Senior High (Quarter): ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ☐ Summer					
Name:				Program:		
Grade/Year Level & Section:				Contact Number:		
Nickname	Nationality	Gender	Status	Religion	Birthday:	
My Topmost Values: A value is something that you both cherish and act upon. Write down as many values that you consider						
most important to you now. You can use/recall your experiences during the moments when you exercised these values.						
1 3						
My Topmost Strengths: After examining your past accomplishments and experiences in school and in the community where						
you belong, give adjectives that would best describe your strengths. (e.g. hardworking, diligent, etc.)						
1 3						
My Topmost Skills: A skill is a product of knowledge and practice. Identify the skills you have learned – formally and						
informally — which you can transfer from one context to another. (e.g. organizing skills, writing skills, communication skills, etc.)						
1		2		3		
My Top Interests: Examine the interest or recreational pursuits you have held over the years to pinpoint core themes you can						
incorporate into your work life.						
1		2		3		
Career Choices						
What made you choose this program/course?						
Did you choose this program? O Yes O No (Whose choice was it?)						
Was this your first choice?						
What do you expect from this program?						
What made you decide to enroll at STI?						
How do you see yourself 5 years from now?						
Plans After Graduation						
○ Continue schooling → ○ Another college course → Course:						
Ol Master's program						
O Get employed -	→ O Local	employmo	nt —	Nature of job:		
 ○ Get employed → Q Local employment → Nature of job: ○ Work abroad 						
O Continue with —	→ Ol Aim for promotion → Ol Work abroad			Nature of job:		
current work						
O Go into business —	→ O Nature of business —					
*Guidance Counselor/Associate's notes:						
Student's signature over printed name						
			Assessed by:			
<u></u>			Guidance Counselor/Associate's name and signature Date			
Date		Guida	nce Counselo	r/Associate's name and sig	gnature Date	

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