

## **STI Guidance and Counseling Office**Career Planning Form

STI	Tertiary (Sem		1 <sup>st</sup>		Student No.:
SY	Senior High (Quarter):  1st  2nd  3rd  4th  Summer				
Name:			Program:		
Grade/Year Level & Section:			Contact Number:		
Nickname	Nationality	Gender	Status	Religion	Birthday:
					<u> /                         </u>
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? Ol Yes Ol 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:					
O Master's program					
_					
○ Get employed → ○ Local employment →				Nature of job:	
	O Work abroad				
O Continue with —	→ Ol Aim for promotion →			Nature of job:	
current work	O Work abroad				
O Go into business —	→ O Nature of business →				
*Cuidanaa Caurralan/Aaraalah/aarabaa					
*Guidance Counselor/Associate's notes: Student's signature over printed name					
Assessed by:					
Date Guidance Counselor/Associate's name and signature Date					nature Date

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