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| --- | --- |
| **First Name:** Click here to enter text. | **Last Name:** Click here to enter text. |
| **Grade:** Choose an item. | **High School:** Choose an item. |
| **OSTC Program:** Choose an item. | **Career Goal after High School:** Click here to enter text. |
| **What learning do you plan to purse after high school?** Choose an item. | **Today’s Date:**  Click here to enter a date. |
| **What was your highest RIASEC score:** Click here to enter text. | **What was your next highest RIASEC score:** Click here to enter text. |

Tell us a little bit about you:

Your favorite class(es): Click here to enter text.

Your least favorite class(es): Click here to enter text.

Do you have a driver’s license? Choose an item.

List 3 or 4 personality traits that best describe you: Click here to enter text.

List 3 or 4 things that you are good at: Click here to enter text.

What job do you have or have you had: Click here to enter text.

What skills or attributes do you think you inherited from mom, dad, grandpa or grandma, aunts, uncles? Click here to enter text.