



REGIONAL OFFICE OR CENTER

COUNSELING RECORD - PERSONAL INFORMATION

DATE

PRIVACY ACT INFORMATION: The information this form requests is authorized under 38 U.S.C. 501(a). We need it for educational and vocational planning to help you make the best use of your education benefits. We may disclose it outside the Department of Veterans Affairs (VA) only if the Privacy Act authorizes the disclosure, including the routine uses in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register. The requested information is relevant and necessary to determine your maximum benefits under the law. Information you submit is subject to verification through computer matching programs with other agencies. We may compare the income and employment information you furnish with information we obtain from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103 (1) (7) (D) of the Internal Revenue Code of 1986. We may use any information you provide, including your Social Security Number, in matching programs in connection with any proceeding for the collection of an amount you owe the United States by virtue of your participation in any benefit program that VA administers.

RESPONDENT BURDEN: VA may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

WHAT DO YOU NEED TO COMPLETE ON THIS FORM? Please complete Sections A through C on both sides of this form. If they apply to you, also complete sections D and E on the back of this form. If you need additional space for any items, attach separate sheet.

SECTION A - GENERAL

1. FIRST NAME - MIDDLE NAME - LAST NAME		2A. ADDRESS (Number and street or rural route, City or P.O., State and ZIP Code)		2B. HOW LONG HAVE YOU LIVED THERE? YRS. MOS.	
3. VA FILE NUMBER	4. SOCIAL SECURITY NO.	5. DATE OF BIRTH	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. TELEPHONE NUMBERS A. DAYTIME B. EVENING	
8. YOUR MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED			9. AGES OF YOUR CHILDREN		
10. WHAT WOULD YOU LIKE TO DISCUSS WITH YOUR COUNSELOR?					
11. WHAT KIND OF WORK ARE YOU INTERESTED IN DOING? (If you have specific plans, tell what they are)					

SECTION B - YOUR EDUCATION AND TRAINING

TYPE OF SCHOOL	12. NAME OF SCHOOL	13. LOCATION (City and State)	14. DATES ATTENDED		15. CIRCLE HIGHEST GRADE	16. MAJOR COURSE OR SUBJECT	17. IF YOU GRADUATED, ENTER YEAR
			FROM	TO			
GRADE SCHOOL					1 2 3 4 5 6 7 8		
HIGH SCHOOL					9 10 11 12		
COLLEGE OR UNIVERSITY					1 2 3 4 or more		
OTHER (Include Civilian and Military)							

18. NAME ANY SCHOOL SUBJECTS, TRAINING, OTHER AREAS YOU'VE STUDIED, OR ACTIVITIES THAT HAVE INTERESTED YOU SO MUCH YOU MIGHT LIKE TO USE THEM IN YOUR FUTURE WORK

SECTION C - YOUR WORK HISTORY

19A. GIVE YOUR JOB TITLES AND EXPLAIN WHAT YOU DID <i>(Start with your most recent or latest job. Only show unemployment lasting more than one month)</i>	19B. DATES		19C. MONTHLY PAY	19D. REASONS FOR LEAVING
	FROM	TO		

20. WHICH JOBS DID YOU LIKE BEST? WHY?

21. WHICH JOBS DID YOU LIKE LEAST? WHY?

SECTION D - DESCRIBE YOUR SERVICE IN THE ARMED FORCES

22. BRANCH OF SERVICE <i>(Check all branches you served in)</i> <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> OTHER (Specify) _____	23. SERVICE DATES			24B. NUMBER OF MONTHS	24C. GRADE OR RANK
	ENTRANCE				
24A. GIVE MILITARY JOB TITLES AND EXPLAIN WHAT YOU DID <i>(Starting with your last assignment)</i>					

25. WHAT SERVICE ASSIGNMENTS DID YOU LIKE BEST? WHAT DID YOU LIKE ABOUT THEM?

26. WHAT SERVICE ASSIGNMENTS DID YOU LIKE LEAST? WHAT DID YOU DISLIKE ABOUT THEM?

SECTION E - DESCRIBE ANY DISABILITIES YOU HAVE

27. HOW DO YOUR DISABILITIES LIMIT YOU IN FINDING OR HOLDING A JOB? *(Give examples)*

28. IN WHAT OTHER WAYS, IF ANY, DO YOU FEEL YOUR DISABILITIES LIMIT YOU? *(Give examples)*

29. DO YOU HAVE A DEPENDABLE WAY TO GET TO TRAINING AND EMPLOYMENT?
 YES NO *(If "Yes," how will you get there? _____)*

30A. SIGNATURE _____ 30B. DATE SIGNED _____

FOR VA USE ONLY

NAME OF COUNSELOR	COUNSELING LOCATION	DATE OF FIRST INTERVIEW
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