

Advisory guidelines (Documentation/Evaluation)

Institution:

Advisor's name:

Date of the meeting:

1. Recording the situation	
Name	
Sex	<input type="checkbox"/> female <input type="checkbox"/> male
Age	
Accompanied by	<input type="checkbox"/> parents <input type="checkbox"/> other persons:.....
School attended/ qualification	
Performance	
Training measures started/current situation	
Ideas for a career/career wish	
Goals in life	
Main questions of the young person	
Main questions of the accompanying person(s)	
Main problems/need for support	
External support	

Activities for vocational orientation	
Hobbies/interests	
Other points	
2. Advice/ support	
Tips given	
Agreed support measures	
Success/failures	
Progress control	