

Customer Name _____ State ID _____ Date _____

Initial Assessment Form

For staff use only. Check Yes or No for each statement regarding the customer.

Occupational Goal	Yes	No
Has no goal or goal is not relevant for local labor market	<input type="checkbox"/>	<input type="checkbox"/>
Lists too many unrelated occupations under "goals" or "type of work looking for" or is unsure of goal	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge/Skills/Abilities (All questions should relate to the occupational goal)		
Has insufficient work experience (recent employment is of insufficient duration)	<input type="checkbox"/>	<input type="checkbox"/>
Needs GED or HS Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Displays an inability to clearly articulate skills/abilities (no skills identified)	<input type="checkbox"/>	<input type="checkbox"/>
Needs training to support occupational goal	<input type="checkbox"/>	<input type="checkbox"/>
Needs translating assistance for English	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance in speaking, reading, or understanding English	<input type="checkbox"/>	<input type="checkbox"/>
Lacks basic reading and writing skills	<input type="checkbox"/>	<input type="checkbox"/>
Needs basic computer skills	<input type="checkbox"/>	<input type="checkbox"/>
Needs help identifying which jobs are appropriate for his/her aptitudes or would benefit from assistance in identifying transferable skills	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellness Issues/Barriers		
Customer identified a health restriction or other wellness-related barrier that would impact employment	<input type="checkbox"/>	<input type="checkbox"/>
Customer requested auxiliary aids or services that indicate a need for a workplace accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Customer disclosed a history of a learning disability or received assistance in school	<input type="checkbox"/>	<input type="checkbox"/>
Employment Related Issues/Barriers		
Has gaps in employment or a history of terminations or job hopping	<input type="checkbox"/>	<input type="checkbox"/>
Needs help identifying jobs that are appropriate to his/her aptitudes, interests, or work values	<input type="checkbox"/>	<input type="checkbox"/>
Is likely to have background check issues or needs additional assistance due to previous convictions	<input type="checkbox"/>	<input type="checkbox"/>
Currently lacks transportation to get to work	<input type="checkbox"/>	<input type="checkbox"/>
Has child, elder care, or other personal family issues that affect his/her ability to work	<input type="checkbox"/>	<input type="checkbox"/>
Lacks positive references	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits hygiene issues that would impact a successful job search	<input type="checkbox"/>	<input type="checkbox"/>
Is a Veteran who is not living in stable housing that he or she owns, rents, or stays in as part of a household (A "YES" response indicates Veteran homelessness and needs a referral to a Veteran Representative.)	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other issues that affect the customer's ability to work or ability to find work? If "YES," list:	<input type="checkbox"/>	<input type="checkbox"/>

Any YES above indicates customer needs referral to a Workforce Consultant:

<input type="checkbox"/> Referred to a Workforce Consultant Customer needs further assistance with issues/barriers marked above. <i>*Completed form must be attached as a PDF to the referral case note sent to the Workforce Consultant in SCWOS.</i>	<input type="checkbox"/> Job Search Ready Customer has a relevant labor market goal of _____ and has the necessary proficiencies to support the goal. <i>*Completed form must be attached as a PDF to a case note in SCWOS indicating customer is job search ready.</i>
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Staff Signature _____

Job Title _____

The information collected may be confidential and must be protected from public access and view.