

Work First Employment Services Assessment Form

Participant s Name:	Date:	

Employment Criteria	Strength	Need	Comments
<u>Personal</u>			
Housing Income Support System Transportation Legal Problems			
<u>Family</u>			
Child Care Family Interaction Children s Education Family Health	_ _ _	0	
Educational			
Basic Education (H.S. or G.E.D.) Advanced Training/ Education Training Related to Job Goal Reading Literacy * Writing Literacy * Math Literacy * Understands Spoken Instruction *			
<u>Employment</u>			
Recent Work History Adequate Work History Acceptable Terminations Turnover Rate Available Job Reference * Wage Requirement Work Shift Preference Flexibility of Work Schedule Geographical Preference			

^{*} Information you will need to obtain from observation, testing or in an interview with the participant.

Employment Criteria	Strength	Need	Comments
Medical			
Physical Health Mental Health Alcohol/Drug Addiction Limits on Sitting, Standing, Walking	_ _ _	_ _ _	
Interests/Attitude			
Self Concept Interest in Personal Development Ability To Direct Self Works Well With Others * Takes Pride in Accomplishments * Sets Goals * Desire to Work * Interest in Program Participation *			
Job Readiness			
Realistic Work Expectations * Willing To Learn * Accepts Responsibilities * Follows Directions * Basic Skills * Career Awareness * Knowledge About Job Requirements * Problem Solving Skills * Job Seeking Skills * Interpersonal Skills * Job-Specific Skills for Employment * Work Maturity Skills * Skill Level * Attendance Level * Punctuality * Works Well Under Supervision * Work Quality Acceptable *			

Date:

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