

# Workforce Innovation and Opportunity Act (WIOA) Title 1 Youth Program

## Objective Assessment

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

### Employability

1. Has picture identification-  yes  no \_\_\_\_\_
2. Has Social Security card-  yes  no \_\_\_\_\_
3. Has other identifying documents (specify) \_\_\_\_\_  
\_\_\_\_\_
4. Has employment experience- yes  no \_\_\_\_\_
5. Has volunteer experience-  yes  no \_\_\_\_\_
6. Has a resume-  yes  no \_\_\_\_\_
7. Has filled out applications-  yes  no \_\_\_\_\_
8. Has registered in ALEXsys-  yes  no \_\_\_\_\_
9. Knows what ALEXsys is-  yes  no \_\_\_\_\_
10. Has applied for jobs online-  yes  no \_\_\_\_\_
11. Has used the internet for job search-  yes  no \_\_\_\_\_
12. Has used the newspaper for job search-  yes  no \_\_\_\_\_
13. Has been interviewed for a job-  yes  no \_\_\_\_\_
14. Has an appropriate e-mail address-  yes  no \_\_\_\_\_
15. Has made follow up calls-  yes  no \_\_\_\_\_

16. Has been fired from a job-  yes  no (if yes, explain)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Has quit a job-  yes  no (if yes, explain)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. Has criminal record that would preclude certain employment-  yes  no (if yes, explain) \_\_\_\_\_

\_\_\_\_\_

19. Has career goals-  yes  no (if yes, explain)\_\_\_\_\_

\_\_\_\_\_

20. Has completed a career assessment- yes  no (if yes, what type) \_\_\_\_\_

\_\_\_\_\_

21. Will need specific certifications/training to achieve career goals-  yes  no (if yes, explain)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

22. Will need a work permit- yes  no \_\_\_\_\_

## Education

1. Is a current high school student-  yes  no \_\_\_\_\_
2. Current grade/school- \_\_\_\_\_
3. Has dropped out-  yes  no (if yes, provide specifics, when why?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has GED  yes  no \_\_\_\_\_
5. Is currently involved in GED process  yes  no \_\_\_\_\_
6. Has a current TABE  yes  no \_\_\_\_\_
7. TABE grade equivalent  
Reading \_\_\_\_\_  
Applied Math \_\_\_\_\_  
Combined Math \_\_\_\_\_
8. Has certifications/license/credentials  yes  no (if yes, explain) \_\_\_\_\_  
\_\_\_\_\_
9. Has educational goals  yes  no (if yes, explain) \_\_\_\_\_  
\_\_\_\_\_
10. Has been suspended/expelled from school  yes  no (if yes, explain) \_\_\_\_\_  
\_\_\_\_\_

## Observations of Assessor

1. Youth will need an academic goal based on TABE scores  yes  no
2. Youth has a Spec Ed/IEP status  yes  no
3. Youth is understanding of and willing to pursue an academic goal if required due to low TABE scores  yes  no
4. Youth has stable housing  yes  no
5. Youth reports drug/alcohol use  yes  no
6. Youth reports/appears to have a mental health issue  yes  no
7. Youth has appropriate hygiene  yes  no
8. Youth's clothing is clean/appropriate  yes  no
9. Youth has appropriate interview clothing  yes  no

10. Comments from Assessor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessed by \_\_\_\_\_ Date \_\_\_\_\_