



Objective Assessment

Youth participating in the COWIC Youth Program, must complete this assessment to evaluate the referral of appropriate services.

Date:	
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Youth Information

Name:						
Address:						
City:		ST:		Zip:		
Cell Phone:		Home Phone:				
Email:						
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date:			

Basic Skills

Initial Assessment:	Date:		Math:		Reading:	
Pre-TABE:	Date:		Math:		Reading:	
Post-TABE:	Date:		Math:		Reading:	

Work Experience

(*Include work study or volunteer positions. Begin with most recent.)

Employer:						
Address:						
City:		ST:		Zip:		
Phone:		Dates of Employment:				
Supervisor:				Phone:		
Your Title:				Rate of Pay:		
Duties:						

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Address:						
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Employability	
Please answer the questions below based on your skills to seek and retain employment.	
I report to work on time in the morning and after lunch.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I dress appropriately and am neat and clean.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I complete work assignments on time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I follow instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I can work independently, without constant instruction or feedback.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I stay on task even under stress.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I complete work assignments at an average speed compared to co-workers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I can adapt readily to change.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a positive attitude about work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I can solve minor problems on my own.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am confident in my abilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am trustworthy.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Occupational Interests			
Your answers to the following questions will help us plan programs and activities that match your interests and career goals.			
Self-Reported Interests (identify at least 3 specific career interests, including nontraditional):			
WorkKeys:	Date:		Results Reviewed and Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

Occupational Aptitudes
Please list at least three career oriented skills that you would like to learn and will need for your desired career.

Occupational Skills
Please list at least three career oriented skills that you currently have (i.e. typing, computer, certification, etc.).



Supportive Service Needs

Please check all that apply. Then explain each one in the space below.

- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Child Care | <input type="checkbox"/> Uniforms | <input type="checkbox"/> Educational Needs |
| <input type="checkbox"/> Work Equipment | <input type="checkbox"/> Housing | <input type="checkbox"/> Rent/Utilities | <input type="checkbox"/> Food |
| <input type="checkbox"/> Other (please explain): | | | |

Explain:

Developmental Needs

Please list and explain any developmental needs (what you need in order to develop employability and career-related skills) you might have.

Explain:

Other Factors

Please list other factors that may affect your successful transition to employment and further education (i.e. adult role models, study skills, career awareness, leadership experience, etc.).

Explain:

Signature: _____ **Date:** _____

CA Signature: _____ **Date:** _____