**One-on-One Comprehensive Assessment**

Customer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Grant Code: 201 ( ) 501 ( ) Other: \_\_\_\_\_\_\_\_

**Objective Assessment and Plan**

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PERSONAL HISTORY

Family Situation (male/female, married/single, children and ages, years out of workforce, emotional mode, physical health, mental health):

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* Source of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Housing (rent/own/share a room/other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Additional information needed to help develop the plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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GENERAL WORK EXPERIENCE:

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1. BACKGROUND WIZARD:

Are all sections complete and up-to-date: ( ) yes ( ) No If *No*, projected date to complete:\_\_\_\_\_\_\_\_\_\_\_

Note***:*** *For financial assistance, all sections of the Background Wizard will need to be completed*

 >>>>>>> Employment History section complete and up-to-date: ( ) Yes

>>>>>>> Education & Training section complete: ( ) Yes

High School / GED: ( ) yes ( ) no

College / Degrees: ( ) yes ( ) no *If yes*, Include date and type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licenses / Certificates: ( ) yes ( ) no *If yes,* Include dates and type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Training: ( ) yes ( ) no *If yes*, date and program/subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

>>>>>>> Skills section complete: ( ) yes

>>>>>>> Driver License section complete: ( ) yes ( ) no

*If yes*, is the license valid? ( ) yes ( ) no Class: A ( ) B ( ) C ( )

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2. ASSESSMENTS (provide date of assessment(s) and results, if applicable)

 a. Quick Guide:

Date: \_\_\_\_\_\_\_\_\_\_ Results: Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Locating Information: \_\_\_\_\_

 b. One-on-One Objective Assessment:

Date: \_\_\_\_\_\_\_\_\_\_

 c. Self Sufficiency Calculator reviewed (required for Adult/201 enrollments):

Date: \_\_\_\_\_\_\_\_\_\_ Under Self Sufficient standard: Yes ( )

 d. Other Assessments to help with planned services:

 Date: \_\_\_\_\_\_\_\_\_\_ Assessment Tool: \_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_

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3. Goals/ Strengths / Barriers (Please respond to all of the following):

 Explain how the above assessment results support their Employment Expectations Goal:

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Employment Expectations Goal: Seeking Immediate Employment: ( ) yes ( ) no

1. Short Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Long Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths: Document customer strengths including those employment related experiences, family or community supports:

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Barriers: Identify the barriers that may prevent obtaining employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Planned objective(s)/service(s):

What planned objectives and services will be provided to support the employment goal(s) (e.g. develop a job search plan, employment placement assistance, resume completion, interview skills, stability with housing, transportation, family support, soft skills training, occupational skills training, etc.)

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Financial Assistance Plan (If applicable) -

If any of the below are a “***yes***”, check the box and proceed to the Financial Assistance (Training/Supportive Service)

Template and fully complete.

Scholarship/Tuition Assistance: ( ) yes

Supportive Services: ( ) yes

To start to take the steps towards the planned objectives, provide:

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Next Appointment: \_\_\_\_\_\_\_\_\_\_\_\_ Assisting with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will the customer need to bring/ prepare/ research before this next appointment?

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