

**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):

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

- 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:

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

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

a. Short Term: \_\_\_\_\_

b. Long Term: \_\_\_\_\_

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

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

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:

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

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

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

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