

Basic Skills Screening Tool

Customer Name:

Date of Birth:

1. Do you have a high school diploma, General Education Development (GED) certificate or High School Equivalency Diploma (HSED)? ☐ Yes ☐ No ☐ Currently in high school (does not include GED or HSED programs)
2. Can you follow basic written instructions and diagrams with no help or just a little help? ☐ Yes ☐ No
3. Can you fill out basic medical forms and job applications? ☐ Yes ☐ No
4. Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits? ☐ Yes ☐ No
5. Can you do basic tasks on a computer? ☐ Yes ☐ No
6. Do you speak and read English well enough to obtain and maintain employment? ☐ Yes ☐ No

Customer

Signature:

Date Signed:

For Internal Use Only:

Was the individual able to complete the screening tool without help? ☐ Yes ☐ No

For the Adult Program Only:

If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.

Does the individual receive priority?

☐ Yes

☐ No

For the Youth Program Only:

If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.

Does the individual have an eligibility barrier?

☐ Yes

☐ No

Name of Career Coach:

Career Coach

Signature:

Date Signed: