

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: