



Objective Assessment Form

205 Objective Assessment Form - Attachment 1

ETO Case Number:

Participant's Name:

Case Manager:

Basic Skills (CASAS)

CASAS Math Score:

CASAS Reading Score:

Testing Administrator:

Date Completed:

Occupational Skills

Occupational Goal:

Primary and/or

Secondary

Occupational Skills

Note:

Prior Work Experience

- N/A - Has no prior work experience
- Has Prior Work Experience (see internal information sheet for work history)

Employability

Acquiring Information: The individual can acquire, communicate (in the appropriate language) and use information to work effectively.

Allocate Resources: The individual can use math well enough to get the job done, knows to make certain that s/he has the necessary tools or equipment readily available to undertake assigned tasks effectively, can allocate time and effort to get assigned tasks done on schedule and can prioritize so that urgent tasks are finished first.

Integrity: The individual is honest, understands the importance of confidentiality (where this is relevant) and is able to maintain it and honors his/her commitments.

Knowing How to Learn: The individual knows to ask for help from colleagues and supervisors to acquire new or necessary information, accepts help when it is offered, is able to keep informed about the organization's products and is able to keep up on changes in the work processes.

Monitor and Correct Performance: The individual is able to monitor the quality of his/her work, accept constructive criticism, ask for clarification of instructions when these are not understood and adjust his/her work to changes in the organization as needed.

Responsibility: The individual demonstrates motivation to work (e.g., by showing up on time every day reliably), diligently completes assigned tasks, does so accurately and on time, works efficiently and shows initiative.

Understanding Systems: The individual understands s/he works within an organization, is obligated to know about and follow its policies and procedures, must earn supervisory approval for his/her work performance and has to adjust his/her activities and behavior accordingly.

Using Technology: The individual has sufficient knowledge of how to use a computer, a copier, a fax, the telephone and other forms of technology necessary to work effectively in the employment area of his/her choice.

Work Well with Others: The individual understands the need to work collaboratively with others, appreciates racial/ethnic diversity in the workplace, recognizes the need to satisfy customers and is able to negotiate constructively when this is required.

Has the Participant been Punctual to all Meetings with Staff?

Yes No

Has the Participant Taken Initiative to Find Employment on his/her Own and Utilized personal Networks as a Source of Job Leads?

Yes No

Does the Participant need to Learn Labor Market Information?

Yes No

Does the Participant have a Resume?

Yes No

Has the Participant Identified an Approved List of Employment References that they have Received Permission to use?

Yes No

Can the Participant Talk Clearly about his/her Background, Skills, Interests, and Goals for an Interview?

Yes No

Does the Participant have any Appearance or Hygiene Issues?

Yes No

Does the Participant have Access to at least One Appropriate Clothing Outfit that they can wear to Interviews?

Yes No

Interests

What types of skills and activities is the participant interested in doing?

Aptitudes

The individual demonstrates a natural or acquired talent or quickness in learning and understanding.

What aptitudes does the individual demonstrate (including interests and aptitudes for nontraditional jobs)?

Supportive Service Needs

Please check all supportive services you think the participant may need to be successful:

- Transportation
- Childcare/Family Care
- Tuition Assistance
- Uniforms/ Clothing
- Work Equipment/Tools
- Textbook/Manuals
- Medical
- Housing/Shelter Assistance
- Relocation Assistance
- Other:

Developmental Needs

What are the items, materials, situations, steps or acts that need to occur to aid in the growth of the participant or assist the participant to realize or meet his or her potential?

Strengths

What strengths does the participant demonstrate?

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Renewal Due Date: _____



Objective Assessment Form - Renewal Signature Page

205 Objective Assessment Form - Attachment 1

Participant Signature: _____ Date:

Case Manager Signature: _____ Date:

Renewal Due Date:

Participant Signature: _____ Date:

Case Manager Signature: _____ Date:

Renewal Due Date:

Participant Signature: _____ Date:

Case Manager Signature: _____ Date:

Renewal Due Date: