My Journey out and beyond (MYJOB) Needs Assessment

Youth name:	Date:
Employment Coordinator:	MYJOB provider (if applicable):

EDUCATION: COMMENTS:

1.	What does education look like for you right now? • Attendance/Grades • Grade level • IEP/504 status • Last time attended	
2.	What do you think about education? How do you feel about education?	
3.	What happens in school/educational program that makes you feel frustrated? Overwhelmed?	
4.	What would you like to improve on that would help you in school?	
5.	What inspires you in school/educational program?	

6.	What helps you bounce back from setbacks?	
7.	Who in the school/education program is happy to speak with you, help you and see you succeed? If the answer is no one, who would you feel comfortable talking to?	
8.	What do you like most about your school/educational program thus far and what would you like to see changed?	
9.	On a scale 1 to 10 (1 being least valuable and 10 being the most valuable), how valuable is education to you? Why? On a scale 1 to 10 how confident are you that you can complete an education program?	
10	When do you see yourself graduating from high school, GED, vocational program, etc.?	
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EMPLOYMENT:

1.	On a scale 1 to 10 (1 being low importance and 10 being high importance) how important is it for you to find a job? Why?	
2.	Have you ever been interviewed for a job before? If yes, how did you prepare and what was the experience like for you?	
3.	What are some jobs you have held in the past? What did you like most/least about them?	
4.	What type of job would you like to have now and why does this job interest you? What kind of skills would you need to develop to obtain this job?	
5.	Are there any employers in your community where you can get that type of job? If yes, which ones?	
6.	What are some skills and strengths you have to offer to a potential employer?	

7. Are you able to show an employer all the documents needed for employment (ID, Social Security Card, food handler, etc.)? If no, which documents do you need?		
8. What are your long term employment goals?		
9. What other obligations (counseling, treatment, education, sports, family etc.) would affect your ability to work?		
10. What role does education play in your employment goals?		
11. Are there any medical conditions we should be aware of that may affect your ability to work? If yes, please describe the condition?		
Employment Status Summary:		

TRANSPORTATION:

1.	What are your means of transportation to work/educational program?	
2.	Do you have a Driver's License?	
3.	Are there any areas in the county that limit your travel? If so, which ones?	
Trar	nsportation Status Summary:	
	•	
Youth Signature:		
EC/	Contractor Signature:	-