CHICAGO COOK WORKFORCE PARTNERSHIP
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OBJECTIVE ASSESSMENT SUMMARY PROCEDURE

Background:

The Workforce Investment and Opportunity Act (WIOA) requires that each Career Coach complete an Objective Assessment for a participant. The purpose of the assessment is to help individuals and Career Coaches make decisions that will ensure the participant is suitable for the program and that all barriers to employment and training have been identified. This will also help the Career Coach and the participant develop a solid and accurate Individual Employment Plan (IEP) or Individual Service Strategy (ISS) for the participant to reach their goals and successfully complete the WIOA program.

Purpose:

The purpose of this procedure is to provide guidance on how to complete the Objective Assessment Summary (OAS). The Objective Assessment Summary should be completed _before_ the IEP/ISS is created. It should be completed with the idea that this will help to drive the participant's IEP/ISS Plan. This is your opportunity to get to know the participant and understand his/her needs. This will help you become better equipped to provide the appropriate services and provide specific guidance related to training and job search. You will have to ask the participant some of these questions directly and others will be answered from paperwork, observations and interactions with the participant thus far. _We have created 2 paper forms of the OAS that you can use before entering this information into Career Connect. One form will be for the customer to fill out. The other form will be for the Career Coach to complete. The forms are attached at the bottom of this page. This information will then need to be entered into Career Connect._ The comments used in this assessment should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate. Once the Objective Assessment Summary has been completed you can create the participant's IEP/ISS.

NEW! Enter Activity / Service

Note: For Adult and Dislocated Workers this should not be done with participant until service 228 Initial Assessment of Skill Levels & Other Needs has been complete. Service 228 is _required_ before a Comprehensive and Specialized Assessment can take place. Once service 228 has been completed then the OAS can begin.

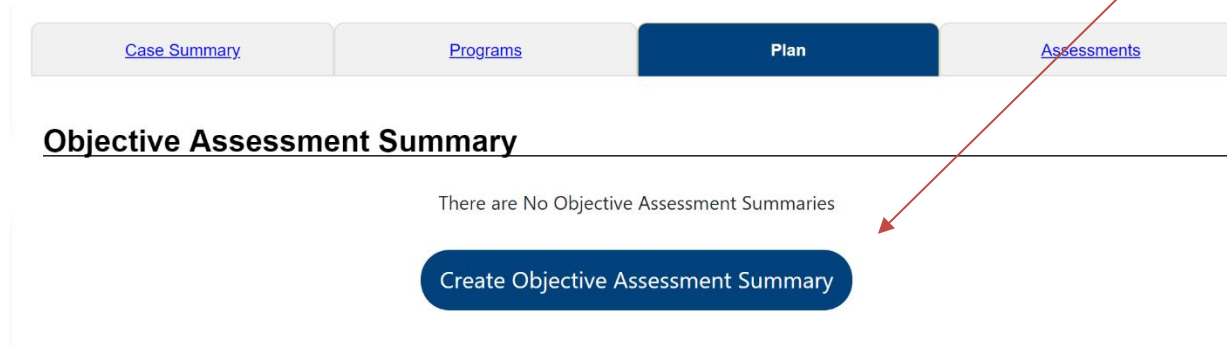Please enter the applicable activity/service code.
- Adult/Dislocated Service Code 207: Comprehensive and Specialized Assessments.
- Youth Activity Code 469: Youth Objective Assessment, _effective April 14, 2025_

This service is _now required to be entered for all participants._ Service should be entered _before_ the Objective Assessment Summary is created in Career Connect. This service date should always match the date of the Objective Assessment Summary. If this is your first service, you will have to enter the Participation (first service) and then go on and complete the service. Please see Service Matrix for specific definitions and service rules (https://workforceboard.zendesk.com/hc/en-us/articles/35768829869581-).

Enter the Objective Assessment Summary (OAS)

Navigation in Career Connect:
Once you are assisting the participant go to Staff Profiles > Case Management Profiles > Plan > Click on Create Objective Assessment Summary.

At the end of each screen there will be an option to click FINISH or NEXT. Click NEXT at the end of each screen. If you are unable to complete the Objective Assessment Summary in its entirety, there is the option to click FINISH at any time to save what has been entered.

General Information Tab

On the General screen there are 4 sections. The first 3 sections, General Information, Contact and Alternate Contact screens will automatically populate from the WIOA application and will not require data entry. The Staff section will require data entry.

Staff: Skip the Overall Note Dialogue Box below. If applicable, list any special circumstances in the Assessment Case Note. When complete, click NEXT to save.

Staff

Staff User ID   259428

Date Completed

05/28/2020

Overall Note   Some HTML tags such as
                               embedded videos are not
                               allowed in this text box and
                               will not be saved.

This is not required and can be skipped.

[Clear Text]

(Cancel)   (Print)   (Delete)   (Finish)   (Next >>)

Expectation Tab

On the Expectation tab there are 2 sections, Program Expectations and Employment Expectations.

Program Expectations: The Program Expectations section is to help identify what services the participant is seeking to meet their overall goal. This is an honest perspective of the participant's expectations and does not guarantee expected services will be received.

These comments should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Program Expectations

* **Are you seeking immediate employment**   ⦿ Yes   ◯ No

* **What services are you seeking**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

List the services participant stated they are seeking.

[Clear Text]

Employment Expectations: Under the Employment Expectations section, the Occupation(s) will automatically populate from what has been entered in the Background Section or from the WIOA Application – it is recommended at this time to cross-reference with the participant the accuracy of what was initially entered.   Career Coaches may proceed to include more than one occupation. **Check boxes as appropriate.**

Employment Expectations

Occupation 1	Select Occupation ⬏
	53-3032.00
	Heavy and Tractor-Trailer Truck Drivers
Occupation 2	Select Occupation ⬏
Occupation 3	Select Occupation ⬏
Employment Type	Regular ▾
Full or Part Time	Full Time (30 Hours or More) ▾
Shift Preferences	☑ 1st ☑ 2nd ☑ 3rd ☐ Rotating ☐ Split Shift ☐ Any
Desired Salary	None Selected ▾
Benefits Needed	☑ Health Insurance ☐ Paid Vacation Time ☐ Paid Sick Leave ☐ Retirement/Pension
Longest Commute Distance (mi)	
Job Search Assistance Requested	☑ Help Getting Started in Job Search ☑ Resume Assistance ☑ Completing Job Applications ☑ Interviewing Skills ☑ Job Openings ☑ Referrals to Employers
* **Desires Help in Career Planning**	⦿ Yes ◯ No
* **Seeking Training Services**	◯ Yes ⦿ No
Training Preferences	Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Training Preferences: This section applies to all WIOA Programs, A, D, & Y. If applicable, include the following in the Dialogue Box:

> - What industry?
> - What type of credential within industry?
> - Short-term or long-term training?
> - Why is the participant interested in this training program?

These comments should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

* Training Preferences

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

> What industry?
> What type of credential within industry?
> Short-term or long-term training?
> Why is the participant interested in this training program?

[Clear Text]

Post-Secondary Preferences **(YOUTH ONLY):** If applicable, include the participant's preferences for Post-Secondary study in the Dialogue Box:

> - In State or Out of State?
> - Associate Degree or Bachelors' Degree?
> - Advanced Training?
> - What area of study?

These comments should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Seeking Post-secondary Education (Youth)   ○ Yes   ○ No

Post-Secondary Preferences

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

```
YOUTH ONLY:
In State or Out of State?
Associate Degree or Bachelor's Degree?
Advanced Training?
What area of study?
```

[Clear Text]

Other Assistance Expected (All WIOA Programs, A, D, Y): The Dialogue Box should indicate what the Career Coach is recommending for the participant at this time. If applicable, this should include work experiences and/or trainings that are suitable to the participant's short-term and long-term employment goal. For example, ITA, OJT, Internship/Stipend, PWE, and/or Career Pathway. When complete click NEXT to save.

> *NOTE: Do not list Supportive Services in this dialogue box. Supportive Services will be addressed under the Work Readiness screen.*

These comments should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Other Assistance Expected

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

```
This applies for all WIOA Programs (A, D, Y)

What is the Career Coach recommending for participant?
```

[Clear Text]

(<< Back)   (Cancel)   (Print)   (Finish)   (Next >>)

Education Tab

Under the Education History there are 2 sections, Education History and Basic Skills/Education Factors.

Education History: This Dialogue Box should be completed by the Career Coach for the coach's assessment and description of the participant's Education History. If applicable, please list the following:

- Enter any previous courses and/or training that were taken but did not lead to a degree or certificate/credential. Please be descriptive of college courses, training, area of study and date(s).
- Enter an earned degree and/or credential that was obtained in another country but not recognized in the U.S.
- If participant is changing careers, please list any related Education that would apply.

These comments should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Education History

Highest Grade Completed

12th Grade Completed & Did not receive diploma or equivalent ▼

Currently Enrolled in School

None Selected ▼

Education History Assessment Summary

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Enter any previous courses and/or training that were taken but did not lead to a degree or certificate/credential. Please be descriptive of college courses, training, area of study and date(s).

Enter an earned degree and/or credential that was obtained in another country but not recognized in the U.S.

If participant is changing careers please list any related Education that would apply.

[Clear Text]

Basic Skills / Education Factors: Check off boxes as applicable. In the Dialogue Box summarize what was checked and list participants TABE/CASAS scores. If applicable, also list the following:

- Please enter TABE/CASAS scores here.
- If applicable also list:
  - Basic Skills (BSD) Resources/Tools: Literacy Classes, Tutoring Services.
  - High School Dropout: GED Referrals, Practice tests, Other supportive services for testing fees.

When complete click NEXT to save.

These comments should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Basic Skills / Education Factors

☐ **High School Dropout**
☐ **Basic Skills Deficient**
  ☐ Reading below 9th Grade
  ☐ Math below 9th Grade
  ☐ Language Below 9th Grade
  ☐ Literacy
  ☐ Non-Reader
☐ **Lacks Computer Skills**

Primary language spoken at home: [None Selected ▾]

☐ **Needs interpretation services**
☐ **Limited English Proficiency**
☐ **Currently Enrolled in ABE/Literacy or ESOL**
☐ **Behind Grade Level for Age (Youth Only)**
☐ **Financial Aid**
  ☐ Needs a Free Application for Federal Student Aid (FAFSA)
  ☐ Pell Grant
  ☐ Monetary Award Program (MAP) Grant
  ☐ Other Financial Aid

Basic Skills / Education Factors Assessment Summary

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

> Please list participants TABE/CASAs scores here. Also, list any
> Tools/Resources to address any factors checked off above.
> BSD:
> Literacy Classes
> Tutoring Services
>
> High School Drop-out:
> GED Referrals
> Practice tests
> Other supportive services for testing fees

[Clear Text]

(<< Back) (Cancel) (Print) (Finish) (Next >>)

Degree Tab

The Degree page of the Objective Assessment will pre-populate with any information entered in the Background section of the General Profile, and any degrees added here will populate the Background. It should be used to record any academic degrees the participant has completed _prior_ to their enrollment in WIOA. This would include a High School Diploma, Associate Degree, Bachelor's Degree, Master's Degree, PhD and any specialized degree such as MD or JD. If the participant has a college degree or above, do not select 'college graduate' -- select the specific degree attained.

Click on Add a New Degree. All the asterisked fields must be completed.

> _NOTE: Non-degree vocational or trade school programs should not be entered on this page, but rather on the next page: 'Certificate'._

NOTE: The 'Actual Title of the Education Program' should be completed with the Major or Field of Study associated with the academic program.

When complete click NEXT to save.

Certificate Tab

The Certificate page of the Objective Assessment Summary should be used to record any vocational, technical, trade school programs, or other industry recognized credential the participant has attained *prior* to their enrollment in WIOA. Any certifications already entered in the Background section of the General Profile will display here and any certifications added here will populate the Background.

Click on Add a New Certificate. All the asterisked fields must be completed.

When complete click NEXT to save.

Employment Tab

Under the Employment screen there are 2 sections, Occupational Transferable Skills and Employment History.

Occupational Transferable Skills: This Dialogue Box should be completed by the Career Coach for the coach's assessment and description of the participant's work history. Make sure to refer to participants previous job duties as recorded in the work history. In this 'big picture' view, the skill assessment should reflect the following:

- What does the participant like to do?
- What are they good at?
- List skills from previous jobs noting transferable skills, nontransferable skills, and technical skills
- List participant's soft skills

These comments should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Occupational Transferable Skills

Summary of Skill Assessment

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

What does participant like to do?
What are they good at?
List skills from previous jobs
List participant's soft skills

[Clear Text]

Employment History: The Employment History section in the Objective Assessment Summary is automatically populated from the employment history (My Individual Background -> Personal Profile -> Background – Employment History) at the time the Objective Assessment is created. Any employment information entered in the Objective Assessment will populate the Background. When complete click NEXT to save.

These comments should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Employment History

Employer	Start/End Dates	State	Action
UPS	08/2017 - Present	IL	Edit | Delete
UPS	08/2017 - Present	IL	Edit | Delete

[Add a New Employment History]

(<< Back) (Cancel) (Print) (Finish) (Next >>)

Work Readiness Tab:

This tab contains two sections and many sub-sections.

Work Readiness: Check off boxes as applicable. In the Dialogue Box summarize what was checked and answer the following questions as applicable:

- How does this impact the participant's ability to attend training and/or employment?
- Can the family members support with Child Care?
- Does your family support your participation in the program?
- If so, in what ways do they support you?

These comments should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Work Readiness

Number of Children under 18   `0`

☐ **Dependent Care Needs**

    ☐ Child Care
    ☐ Special Needs Child
    ☐ Adult Care
    ☐ Not at This Time

Dependent Care Comments:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

> How does this impact the participant's ability to attend training and/or employment?
> Can family members support with child care?
> Does your family support your participation in the program?
> If so, in what ways do they support you?

[Clear Text]

Transportation, Contacts, Work Attire & Emergency Food/Nutritional Needs: Check all boxes as applicable. Dialogue Box comments should summarize what was checked.

> _NOTE: This is where the participant's supportive service needs should be entered._

This should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

☐ **Transportation**

Driver's License:

☐ Has a Valid License

☐ Does not have a License

☐ Suspended

☐ Restrictions

☐ DUI

Driver's License Endorsements:

☐ Air Brakes Restriction

☐ Class A except bus Restriction

☐ Tankers / Tank Vehicles

☐ Class A expt tractor/Trailer Rest

☐ Double and Triple Trailers

☐ Hazardous Materials

☐ Passenger Vehicles

☐ Combination Hazardous Materials and Tanker Vehicles

☐ School Bus

☐ No Endorsements

Automobile:

☐ Owns Automobile

☐ Auto Needs Repair

☐ Lacks Automobile Insurance

☐ Cannot Afford Gasoline

☐ Automobile Impounded

☐ Automobile Repossessed

☐ Access to Dependable Automobile

☐ Access to Public Transportation

☐ Relies on Public Transportation

☐ Not at this Time

☐ **Contacts**

      ☐ Telephone in Home

      ☐ Access Telephone (Neighbor/Other)

      ☐ Cell Phone

      ☐ Adequate Contact Person(s)

      ☐ Transient History

      ☐ Not at this time

☐ **Work Attire**

      ☐ Uniforms

      ☐ Interviewing Clothes

      ☐ Needs Work Tools/Equipment

☐ **Emergency Food/Nutritional Needs**

Work Readiness Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

> Summarize what was checked above.
>
> NOTE: This is where the participants supportive service needs should be listed.

[Clear Text]

Workplace Behavior: Check off boxes as applicable. These should be checked off by observation of participant, paperwork received, and some will have to be answered by asking the participant directly. The Dialogue Box comments should summarize what was checked. When complete click NEXT to save.

This should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Workplace Behavior

☐ **Motivational Factors Affecting Employment**

    ☐ Negative Work Attitude

    ☐ Punctuality Issues

    ☐ Attendance Problems

    ☐ Co-Worker Relations Issues

☐ **Career Decision Making (Clearly defined goals/plans)**

☐ **Interviewing Skills**

    ☐ Difficulty Making Positive First Impression

    ☐ Negative Attitude

    ☐ Proper Interview Attire

    ☐ Need to Improve Communication Skills

    ☐ Research Labor Market Information (LMI)

    ☐ Questions for Interviewer

    ☐ Preview List of most common Q&A's

    ☐ References

    ☐ Verbally explain work experience and skills

☐ **Resume**

    ☐ Has Acceptable Resume

    ☐ Resume Requires Revision

    ☐ Does not Have Resume

    ☐ Unable to Identify/Communicate Transferable Skills

Helpful Tips:

Open-ended questions prompt a conversation, closed-ended questions receive one-word answers.

Open-ended Questions

Tell me about a time you might have had a situation with a co-worker?

What would your past coworkers/supervisors say about your work manner?

Tell me about your morning routine before getting to work?

In an average how often would you say you call off work and why?

How do you feel about interviews?

Would you say you do well or are there areas you need coaching?

☐ **Application Completion**

    ☐ Lacks Thoroughness

    ☐ Needs to Address Sensitive Issues (i.e. Criminal Record)

    ☐ Neatness

    ☐ Difficulty Summarizing Skills/Work History

☐ **Appearance/Hygiene Issues**

☐ **Needs to Learn how to use Labor Market Information**

Workplace Behavior Assessment Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Summarize what was checked above.

See "Helpful Tips" section for examples of Open-ended questions.

✔

[Clear Text]

(<< Back) (Cancel) (Print) (Finish) (Next >>)

UPDATED! Barriers Tab

This tab contains 7 sections and several sub-sections.

UPDATE! *Health & Behavioral Observations:* Boxes can be skipped, however please summarize in the Dialogue Box, and answer the following questions:

- Is the participant engaged and being cooperative?
- Are they alert?
- Is a referral necessary?

This should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Health & Behavioral Observations

☐ **Health**

  ☐ Lacks Medical Insurance Coverage
  ☐ Disclosed Disability
  ☐ Needs Glasses
  ☐ Needs Dental Work
  ☐ Speech Impairment
  ☐ Cannot Afford Medication
  ☐ Reasonable Accommodation Required
  ☐ Limitations in Ability to Work Certain Jobs
  ☐ Health has been cause for Absences from Job
  ☐ Pending Surgery or Medical Leave
  ☐ Not at this time

☐ **Behavior**

  ☐ Demonstrates Low Self-Esteem
  ☐ Demonstrates Behavioral Problems
  ☐ Requires Medication
  ☐ Disclosed Disability
  ☐ Required Therapy/Treatment
  ☐ Not at this time

☐ **Substance Abuse**

  ☐ Seeks Referral for Treatment
  ☐ Failed Drug Test
  ☐ Not at this time

Health & Behavior Observations Assessment Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Boxes can be skipped, however please summarize here and answer the following questions:
Is your participant engaged and being cooperative?
Are they alert?
Is a referral is necessary?

[Clear Text]

UPDATE! Living *Environment:*
This section is optional and can be skipped.

Economic Factors/Financial Situation:
This section is optional and can be skipped.

Vocational/Occupational Factors: Check boxes as applicable. In the Dialogue box state what skills or credentials the participant is lacking based on their interests.

This should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Vocational / Occupational Factors

☐ **Obsolete Work Skills**

☐ **License Expired/Revoked**

☐ **Union Dues in Arrears**

Vocational/Occupational Factors Assessment

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Please state what skills or credentials the participant is lacking based on their interests.

[Clear Text]

Other Assistance Received:

This section is not required and can be skipped.

Barriers to Employment: Check boxes as applicable. Ask participant if any of the legal issues listed below will interfere with their job search.

This should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Barriers To Employment

☐ Lacks Significant Work History
☐ Sporadic or Limited Work History
☐ Restricted Commuting Distance
☐ Restricted Work Schedule
☐ Unrealistic Wage
☐ Legal Issues

       ☐ Ex-Offender
       ☐ Currently on Probation
       ☐ Existing/Pending Workers Compensation Claims
       ☐ Pending Court Appearances
       ☐ Court Ordered to Pay Child Support
       ☐ Wage Garnishment
       ☐ Wage Theft
       ☐ Record sealing/expungement
       ☐ Other

☐ Single Parent
☐ Displaced Homemaker
☐ Pregnant or Parenting Youth
☐ Runaway Youth
☐ LWIA Designated Barrier
☐ Other (Specify in Comments)
☐ No Barriers to Employment/Work Readiness Issues

**Helpful Tips:**

When asking very personal questions always reassure the participant you are asking to better assist them in obtaining employment/training goals.

Open-ended Questions

If a potential employer required you to do a background, would there be anything an employer would question?

Are there any legal issues that I need to be aware of so I can better assist you?

If the participant is a parent: Are you a two-parent household or a one-parent household?

UPDATE! *Access Assessment:* Boxes can be skipped, however please summarize any needed accommodations in the Dialogue Box.

> *NOTE: Highly Confidential Information: Before beginning the conversation, keep in mind the participant has the option not to disclose information. You can begin the conversation with the following suggestion*: I am going to ask a few personal questions. This may help us identify any barriers or issues we need to discuss so you can obtain employment. This may also help to identify if a referral for additional services is necessary. Your answers will not impact your participation in the program. You do not need to answer. Anything you choose to disclose will be kept confidential.

When complete click NEXT to save.

This should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Access Assessment

☐ To better assist the individual, which of the following tasks are difficult to perform independently in daily life. (Must be voluntarily offered)
- ☐ Chose not to Answer
- ☐ None
- ☐ Seeing
- ☐ Hearing
- ☐ Talking
- ☐ Using hands
- ☐ Getting around
- ☐ Interacting with others
- ☐ Learning or thinking
- ☐ Other (specifiy)

☐ Individual needs the following assistance for program participation or employment (select all that apply)
- ☐ Chose not to Answer
- ☐ None
- ☐ Wheelchair accessible facilities
- ☐ Other (specify)
- ☐ Assistance with writing
- ☐ Audiotaped materials
- ☐ Flexibility (e.g. in hours)
- ☐ Materials in Braille
- ☐ Materials in electronic format
- ☐ Materials in large print
- ☐ Meeting reminders
- ☐ Notetakers for regular meetings
- ☐ Personal coaching
- ☐ Scent free environment
- ☐ Screen magnifier
- ☐ Screen reader
- ☐ Interpretation (including sign language)
- ☐ Considerations for medication
- ☐ Alternative seating arrangements
- ☐ TTY/Text Display Device
- ☐ Videophone

> *Helpful Tips:*
>
> *To perform your job to the best of your ability will you need any special accommodations? For example, a screen magnifier, special TTY/TEXT Display Device, materials in large print?*

Employment Barriers Assessment Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Boxes can be skipped, however please summarize any needed accommodations here.
Are there any barriers that would prevent you from performing the job you are applying for?
Are you going to need any accommodations?

[Clear Text]

(<< Back) (Cancel) (Print) (Finish) (Next >>)

Tests Tab

The Basic Skills Assessment and Other Testing links on this page **DO NOT** link to the WIOA Literacy/Numeracy screen/tests. Therefore TABE/CASAS scores should not be entered here. They should have already been entered on the Basic Skills/Education Factors section. What should be entered here are any additional Assessment tools that have already been administered. Check off boxes as applicable. In the Dialogue Box summarize what was checked and answer the following:

- What additional assessment tools have been used, if any?
- How does this assessment relate to the participants interests?

When complete click NEXT to save.

This should easily translate to the IEP/ISS where applicable. If the participant is a Youth, please mention the 14 elements as appropriate.

Tests

Basic Skill Assessment   Click Here
Other Testing   Click Here
☐ **Aptitude**
☐ **Career Interest**
Testing Results Comments:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

What additional assessment tools have been used, if any?
How does this assessment relate to the participants interests?

[Clear Text]

(<< Back) (Cancel) (Print) (Finish) (Next >>)

Referrals

No entry on this screen is required. Click FINISH to complete the Objective Assessment Summary.

Referrals

Agency Name	Result	Action

[Add a New Referral]

(<< Back) (Cancel) (Print) (Finish)

Congratulations! You have now successfully completed the Objective Assessment Summary. The next step is to now complete the Objective Assessment Summary Case Note.

Assessment Case Note: This case note should include a brief summary of what was stated in the Assessment. The subject line should be "Objective Assessment Summary." It is important that the identified barriers be addressed. *If the barrier(s) could prevent the participant from achieving her/his goal, it must be addressed in the case notes.* For example, if a participant is basic skills deficient this must be addressed. If the participant decides not to pursue action, that must be clearly stated.

A suggestion for the Objective Assessment Summary Case Note is to copy and paste the comments from the Dialogue Boxes if applicable. Please do not copy confidential information into the case note. The case note needs to include the following topics:

a. Work history, current interests, work schedule preferences and wage expectations
b. Resume and Interviewing skills.
c. Basic skills deficient & other assessment tools
d. Family situation
e. Address barriers

UPDATED! Next Steps:
Adult/Dislocated:

1. *Career Information Services (208):* You can now complete the Career Exploration with your participant.
2. *IEP (205):* You can now meet with your participant and create the IEP.

Youth:

1. *ISS (470):* You can now meet with your participant and develop the ISS.
2. *Vocational Exploration (431)*: For Youth customers this service needs to be completed **after** the 3 Non-Enrolling Youth Activities (468, 469 & 470). One of the Objectives of the Individual Service Strategy (ISS) **must** be Research LMI & Occupations. Once the ISS has been developed and you have discussed the Vocational Exploration with your customer, then the service and case note can be entered.

Career Exploration LINK: https://workforceboard.zendesk.com/hc/en-us/articles/360057850792-
IEP/ISS LINK: https://workforceboard.zendesk.com/hc/en-us/articles/360046803691-