**Basic Skills Screening Tool**

Name: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 get and keep a job? |[ ]  Yes |[ ]  No |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date Signed: | Click or tap to enter a date. |

For Internal Use Only:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| 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 |

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| 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 |

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Name of Career Planner: Click or tap here to enter text. |
| Career PlannerSignature: |  | Date Signed: | Click or tap to enter a date. |