



Basic Skills Screening Tool

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 get and keep a job? Yes No

Signature: _____ Date Signed: _____

For Internal Use Only:

Was the individual able to complete the screening tool without help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div style="border: 1px solid black; padding: 5px;"> <p>For the Adult Program Only:</p> <p>If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.</p> <p>Does the individual receive priority?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>For the Youth Program Only:</p> <p>If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.</p> <p>Does the individual have an eligibility barrier?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div>
Name of Career Planner: _____	
Career Planner Signature: _____ Date Signed: _____	