



# WIOA Objective Assessment Summary

## Career Coach Questionnaire & Observations

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### EDUCATION HISTORY

1. Did Customer answer "YES" to seeking training services? (if yes complete the following)  YES  NO

1a. Have they applied for FAFSA?  YES  NO

If Yes, have they ever received any of the following?

<u>Pell Grant</u>	Monetary Award Program (MAP) Grant	Other (List)
<input type="checkbox"/> Previously	<input type="checkbox"/> Previously	<input type="checkbox"/> Previously
<input type="checkbox"/> Currently	<input type="checkbox"/> Currently	<input type="checkbox"/> Currently _____

If No, Do they need help applying for FAFSA?  YES  NO

Advisor Comments

### ECONOMIC FACTORS / FINANCIAL SITUATION (This section is optional and can be skipped)

Follow up to the questions on the Needs Assessment regarding Credit/Financial Concerns

- |  |   |
|--|---|
| <input type="checkbox"/> Bankruptcy                      | <input type="checkbox"/> Poor Credit History / Bad Debts          |
| <input type="checkbox"/> Needs Money Management Services | <input type="checkbox"/> Needs Consumer Credit Counseling Service |
| <input type="checkbox"/> Inability to be Bonded          | <input type="checkbox"/> Defaulted Student Loan(s)                |
| <input type="checkbox"/> None observed at this time      |   |

Advisor Comments

## Career Coach Questionnaire & Observations

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### WORKPLACE BEHAVIOR

**Suggested Open-ended Questions for Workplace Behavior section below**

- ✓ 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?

1. Motivational Factors Affecting Employment

- |   |   |
|---|---|
| <input type="checkbox"/> Negative Work Attitude                     | <input type="checkbox"/> Punctuality Issues         |
| <input type="checkbox"/> Attendance Problems                        | <input type="checkbox"/> Co-Worker Relations Issues |
| <input type="checkbox"/> Career Decision Making (Clear Goals/Plans) | <input type="checkbox"/> Appearance/Hygiene Issues  |

Advisor Comments

2. Interviewing Skills

- |  |   |
|--|---|
| <input type="checkbox"/> Difficulty Making Positive First Impression | <input type="checkbox"/> Negative Attitude                    |
| <input type="checkbox"/> Not Wearing Proper Interview Attire         | <input type="checkbox"/> Need to Improve Communication Skills |
| <input type="checkbox"/> Research Labor Market Information (LMI)     | <input type="checkbox"/> Questions for Interviewer            |
| <input type="checkbox"/> Preview List of most common Q&A's           | <input type="checkbox"/> References                           |
| <input type="checkbox"/> Verbally explain work experience and skills | <input type="checkbox"/> Appearance/Hygiene Issues            |

Advisor Comments

3. Resume

- |  |  |
|--|--|
| <input type="checkbox"/> Has acceptable Resume | <input type="checkbox"/> Resume requires revision                            |
| <input type="checkbox"/> Does not Have Resume  | <input type="checkbox"/> Unable to Identify/Communicate Transferrable skills |

Advisor Comments

# WIOA Objective Assessment Summary

## Career Coach Questionnaire & Observations

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 4. Application Completion

Lacks Thoroughness

Neatness

Needs to Address Sensitive Issues (ie Criminal Record)

Difficulty Summarizing Skills/Work History

Advisor Comments

## HEALTH & BEHAVIORAL OBSERVATIONS

- ✓ Consider all customer meetings and interactions while completing this section
- ✓ Use the information below to help direct the conversation, while recording relevant observations.
- ✓ Outline these observations when creating a detailed assessment summary

### 1. General Health

Lacks Medical Insurance Coverage

Needs Glasses

Speech Impairment

Reasonable Accommodation Required

Health has been Cause for Absences from Job

None observed at this time

Disclosed Disability

Needs Dental Work

Cannot Afford Medication

Limitations in Ability to Work Certain Jobs

Pending Surgery or Medical Leave

### 2. Behavior

Demonstrates Low Self-Esteem

Requires Medication

Required Therapy/Treatment

Demonstrates Behavioral Problems

Disclosed Disability

None observed at this time

### 3. Substance Abuse

Seeks Referral for Treatment

None observed at this time

Failed Drug Test

Assessment Summary