



INITIAL ASSESSMENT

Name: _____

ASSET PIN: _____

Goals

1. Long-Term Goal: What do you want to achieve in the next 3-5 years? _____

2. Short-Term Goal: What do you want to achieve in the next 6 months to 1 year? _____

3. Career Goal: What do you want to achieve in the next 6 months to 1 year? _____

4. What would you like to gain specifically from the FORWD Program? _____

5. Will you need assistance with the following? Check all that apply
☐ Job searching ☐ Resume ☐ Cover letter ☐ Interviewing skills
☐ Local labor market information ☐ Career option and exploration

Employment

1. Which of your previous jobs did you enjoy the most? _____

2. What did you enjoy the least? _____

3. Would you consider doing the same type of work again? ☐ YES ☐ NO
Why or why not? _____
4. How many minutes or miles are you willing to travel to work? _____ ☐ Mins ☐ Miles
5. What have you been doing to find a job in the past year? _____

6. What type of job(s) have you been looking for in the past year? _____

7. How long have you been unemployed? _____

8. How long have you been looking for a job? _____

9. What kind of volunteer activities have you done in the last 30 days? _____

10. During the past year, have you worked with or been assisted by any other workforce development agency (TAA, DWD, W2, FSET, DVR, etc.)? ☐ Yes ☐ No If yes, Please list: _____

11. List any talents/hobbies you didn't already mention. _____

Education		
Select the highest level of education completed, field of study and date completed:	Date completed	Field of Study
<input type="checkbox"/> GED/HSED* <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Other, list grade completed: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters *If you don't have a GED/HSED, are you interested in earning one? <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Do you have any job-related license or certifications? (e.g. LPN, welding, etc.)

☐ Yes ☐ No If yes, list: _____

2. Are you currently attending school, training, or any educational classes? ☐ Yes ☐ No

If yes, what? _____

If yes, where? _____

3. List all training(s) you have completed. _____

4. List any trainings you did not complete and the reason for not completing.

Incomplete trainings	Reason

Supportive Service Needs

Other Formal Services

1. Are you currently enrolled in any of the following programs? Check all that apply.

☐ W2 ☐ FSET ☐ TAA ☐ DVR ☐ Childcare assistance ☐ Veteran's program

☐ GED/HSED Program: _____ Other: _____

Childcare

1. Do you have children that will need childcare? ☐ Yes ☐ No If yes,

What are your childcare needs? _____

Transportation

1. Do you need assistance with transportation? ☐ Yes ☐ No

2. Do you own a vehicle? ☐ Yes ☐ No

3. Do you have car insurance? ☐ Yes ☐ No

4. Do you have access to transportation? ☐ Yes ☐ No

Housing

1. What is your current living situation? ☐ Permanent housing ☐ Homeless

2. Do you currently have Housing Assistance? ☐ Yes ☐ No

3. Will you need housing assistance? ☐ Yes ☐ No

4. Do you expect any changes to your housing situation? ☐ Yes ☐ No If yes,

Why? _____

Social

1. Do you have support from family? ☐ Yes ☐ No

2. Do you have support from friends? ☐ Yes ☐ No

Health

1. Do you have medical insurance? ☐ Yes ☐ No

2. Do you have dental insurance? ☐ Yes ☐ No

3. Do you need any special accommodations while enrolled in this program? ☐ Yes ☐ No If yes,

Please list: _____

Legal

1. Are you an ex-offender? ? ☐ Yes ☐ No If yes,

What is your current status? ☐ Probation ☐ Parole

If applicable, Probation/Parole Officer and contact information: _____

Financial

1. Do you need financial assistance? ☐ Yes ☐ No

2. Do you need assistance with budgeting? ☐ Yes ☐ No

Other

1. Do you have a Social Worker/Counselor? ☐ Yes ☐ No If yes,

Social Worker/Counselor's and contact information: _____

2. What other assistance will you need while in this program? _____

Signatures

I agree that the information I have given for this assessment is true and correct.

Participant Signature _____

Date _____

Staff Signature _____

Date _____

Form Date: 07/16/25

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