



Initial Assessment - Youth

General Information

Name: _____ Date of Birth: _____

What would you like to gain from this program? _____

Goals, Interests, Assets, and Support

1. What are your career goals? _____

2. Where do you see yourself a year from now? _____

3. Where do you see yourself five years from now? _____

4. What are your hobbies and/or extra-curricular activities? _____

5. What are your greatest strengths? _____

6. What are your greatest weaknesses? _____

7. Do you have support from a parent/guardian in your family? Yes No
8. Do you have support from an adult outside your family (friend, pastor, teacher, coach, social worker, etc.)? Yes No

9. Do you have childcare services? Yes No N/A If yes, what type: _____

10. Do you need assistance obtaining childcare services? Yes No N/A

Educational Assessment

1. Are you currently enrolled in school or any other educational program? Yes No If no, What reason for leaving? _____

What was the last grade you completed? _____

2. What was the last or current school you attended? _____

3. What school subject do you like best? _____

4. What school subject do you like least? _____

5. If still in school, is there anything preventing you from succeeding? Yes No N/A If yes, What? _____

Are you interested in receiving tutoring? Yes No

6. What are your educational goals? _____

Work Experience

1. Describe any work-related skills you possess. _____

2. What are your future employment goals? _____

3. Have you taken an aptitude or employment interest test? Yes No If yes, What were the results? _____

4. Do you have any barriers that might prevent you from obtaining employment? _____

5. Do you want assistance with the following:

A resume and cover letter Yes No

Interviewing Yes No

Career option and exploration Yes No

Other: _____

Health

1. Do you or your family have health insurance? Yes No

Legal Issues

1. Do you have any legal problems Yes No If yes, describe: _____

Social Media

 Profile Name: _____  Profile Name: _____

 Profile Name: _____  Profile Name: _____

Observation Notes

Staff Signature: _____ Date: _____

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