



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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