



## Addendum to Partner Assessment – WISE

### Participant & General Information (Please Print)

Last Name		First Name		Middle Initial		PIN	
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Assessment Type  Initial  6 Mos.  Other: \_\_\_\_\_

Assessor Name \_\_\_\_\_

### Availability

Preferred number of hours per day  4  6  8  Flexible

Preferred number of days per week  1-2  3-4  5  Flexible

Days available  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

### Barriers & Supportive Service Needs

Reliable transportation  Yes  No

Distance willing to travel  0-5 miles  5-10  10+

Available to travel out of county  Yes  No

Barriers (check all that apply)  Health insurance  Dental insurance  Caregiving/Childcare  Housing  Cultural Barriers  
 Long Term Unemployment  Ex-offender  Legal Support  Probation/Parole  
 Other: \_\_\_\_\_

Supportive Service Needs  Work clothing/uniforms  Tools/equipment  Technology access  
 Other: \_\_\_\_\_

Comments:

### Physical & Functional Readiness

Activity	Yes	No	Some Limitation (describe)
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Standing			
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Walking			
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Lifting up to 25lbs			
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Reaching/bending			
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Repetitive motions			
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Comments:

For each yes, explain in Comments	Yes	No
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1. Are there any other physical limitations that may affect the ability to perform job duties		
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2. Does the participant require any reasonable accommodations		
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3. Are there any barriers that may affect consistent attendance		
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Comments:

### Health & Safety Considerations

Identify safety considerations, do not "diagnose". For each yes, explain in Comments	Yes	No
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1. Does the participant have any medical conditions that may impact workplace safety		
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2. Does the participant take medications that could affect alertness or mobility		
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3. Are there environmental conditions to avoid (heat, chemicals, noise, etc.)		
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Comments:

**Worksite Readiness**

Determine readiness. Provide an explanation in Comments as needed.	Yes	No
1. Has the participant previously worked in a structured environment		
2. Does the participant understand basic workplace safety expectations		
3. Does the participant need additional safety training (e.g., PPE, basic workplace conduct). If yes, describe in Comments		
4. Does the participant require any other barrier remediation (e.g. cultural, other). If yes, describe in Comments		

Comments:

**Interests & Occupational Preferences**

Preferred Work Types/Industries (check all that apply)  Administrative/clerical  Customer service  Food service  Healthcare/social services  Retail  Warehouse/logistics  Manufacturing/production  Other: \_\_\_\_\_

Work Environment (check all that apply)  Indoors  Outdoors  Independent  Team-based

**Education, Skills, & Certifications**

Education (check the highest level)  Less than High School  High School Diploma/GED  Some College  Associate Degree  Bachelor’s Degree  Master’s Degree  Doctorate/Professional Degree

Skills (check all that apply)

**Universal / Cross-Industry**

Communication  Customer service  Data entry  Filing  Inventory  Leadership  Packaging  Problem solving  Record keeping  Safety procedures  Scheduling  Stocking  Teamwork  Time management

**Administrative / Office / Clerical**

Basic bookkeeping  Billing support  Data verification/accuracy checking  Database management  File organization (digital & paper)  Information tracking  Invoice processing  Meeting coordination  Proofreading/editing  Reception/front desk  Records management  Report generation  Workflow coordination

**Retail/Sales**

POS/register/cash handling  Sales  Merchandising  Stocking  Returns/exchanges

**Food Service / Hospitality**

Food prep  Food service  Dishwashing  Sanitation

**Healthcare / Human Services**

Activity planning  Child care  Patient care/support  Senior care

	<b>Manufacturing / Production</b> <input type="checkbox"/> Assembly <input type="checkbox"/> Machine operation <input type="checkbox"/> Production line work Packaging <input type="checkbox"/> Quality control/inspection  <b>Warehouse/Logistics/Distribution</b> <input type="checkbox"/> Forklift operation <input type="checkbox"/> Material handling <input type="checkbox"/> Inventory <input type="checkbox"/> Picking and packing <input type="checkbox"/> Shipping  <b>Other(list):</b> _____		
<b>Certifications</b> <small>(check all that apply)</small>	<input type="checkbox"/> Certified Medication Technician <input type="checkbox"/> CNA <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Forklift Operator Certification <input type="checkbox"/> OSHA 10 <input type="checkbox"/> OSHA 30 <input type="checkbox"/> ServSafe		
<b>Training Needs</b>			
<small>(check all that apply)</small>	<input type="checkbox"/> Basic computer skills <input type="checkbox"/> Microsoft Office (Word, Excel, etc.) <input type="checkbox"/> Customer service training <input type="checkbox"/> Workplace safety <input type="checkbox"/> Job-specific skills: _____ <input type="checkbox"/> Other: _____		
<b>Overall Determination</b>			
<b>Transition to Unsubsidized Employment</b>			
<input type="checkbox"/> High potential (job-ready) <input type="checkbox"/> Moderate potential (needs training/support) <input type="checkbox"/> Long-term support needed (Requires significant skill development)			
Placement recommendation & comments:   			
<b>Signatures</b>			
Participant		Date	
WISE Staff		Date	

Form Date: 05/19/26

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