



## Youth Initial Assessment

### 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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