



YOUTHBUILD ASSESSMENT – CERTIFIED NURSING ASSISTANT

Student Name: _____

Social Security Number: _____ Date of Birth: _____

How did you hear about the YouthBuild (YB) program? _____

How did you hear about the YouthBuild (YB) program and what would you like to gain from the YB Program?

A. Goals, Interests, Assets and Support

1. Goals

What is the main reason you want to be in the YB program? _____

Where do you see yourself a year from now? _____

Are you looking for something different in your life? _____

Do you have a hard time focusing or concentrating? _____

How would you deal with a difficult situation? _____

What do you feel is the most important thing in your life that needs work? _____

2. Support System

Do you have support from a parent/guardian in your family? ☐ Yes ☐ No

How will you travel to YB every day? Do you have a plan B? _____

Do you have an alarm clock? ☐ Yes ☐ No

Do you have children? ☐ Yes ☐ No If yes,

Do you have someone to watch your children? ☐ Yes ☐ No

Do you have childcare services? ☐ Yes ☐ No If yes, what type? _____

Do you need assistance obtaining childcare services? ☐ Yes ☐ No

Do you or your family receive any benefits/services from a state agency (food stamps, W-2, etc.)? ☐ Yes ☐ No

If yes, which state agency(ies)? _____

What other financial obligations do you have (rent, food, transportation, etc.)? _____

B. Educational Assessment

1. Did you receive your high school diploma, GED or HSED? ☐ Yes ☐ No

If yes **skip to Section C**

If no, did you dropout? ☐ Yes ☐ No

2. What was the last school you attended? _____

3. What school subject do you like best? _____

4. What school subject do you like least? _____

5. Is there anything preventing you from succeeding in school? ☐ Yes ☐ No If yes,

Would you consider receiving tutoring? ☐ Yes ☐ No

6. What are your educational goals? _____
7. Are you serious about education? ☐ Yes ☐ No
8. Are you willing to put in the work needed to get your HSED? ☐ Yes ☐ No
9. Will you make this program a priority by committing to improve yourself? ☐ Yes ☐ No

C. Work Experience

1. Do you have difficulty standing for extended periods? ☐ Yes ☐ No
2. Are you comfortable performing repetitive tasks that involve pushing and pulling 35-50 lbs on a daily basis?
☐ Yes ☐ No
3. Are you comfortable assisting patients with daily living activities, including bathing, dressing, feeding, toileting, and record-keeping ☐ Yes ☐ No
4. Have you been Immunized? ☐ Yes ☐ No If no,
Would you be willing to be immunized? ☐ Yes ☐ No
5. Describe any work-related skills you possess. _____
6. What are your future employment goals? _____
7. Have you taken an aptitude or employment interest test? Yes ☐ No ☐ If yes, what were the results? _____
8. Do you find it difficult to be interviewed? ☐ Yes ☐ No
9. Do you have an updated resume and cover letter? ☐ Yes ☐ No
10. Do you have any barriers that might prevent you from obtaining employment? ☐ Yes ☐ No
- If yes, describe: _____

D. Lifestyle

1. Do you like to work alone or with other people, please explain: _____
2. What would you do if you were paired up with someone you did not get along with, please explain: _____
3. Will you make this program a priority by committing to improve yourself? ☐ Yes ☐ No

E. Legal Issues

1. Do you have any legal or personal problems that will interfere with your YB responsibilities?

F. Staff Signature

Date: _____

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Revised 05.05.25