

WIOA SELF ASSESSMENT

This questionnaire provides information about yourself which will help your WIOA Counselor arrange for services to help you become employed. Please answer all the questions (**Please Print**)

Name _____

How did you learn about WIOA:

- ☐ Advertisement ☐ Word of mouth, where _____ ☐ Workforce Center
☐ WIOA Poster ☐ Other please explain _____

Do you plan to move to a different address in the near future

☐ Yes ☐ No If yes, Where? _____

List all people living in your house

Name	Relation	Birth Date	Social Security Number

Do you have a regular child care provider? ☐ Yes ☐ No

If yes, Name _____

Address _____

Phone _____

Do you have a backup child care provider? ☐ Yes ☐ No

If yes, Name _____

Address _____

Phone _____

Are there any issues that make it difficult for you to regularly attend training or work ☐ Yes ☐ No

If yes, please explain: _____

HEALTH

Do you consider yourself to be in good physical health? ☐ Yes ☐ No

If no, please explain: _____

Do you have any physical limitations that should be considered when designing a training/work plan for you?

☐ Yes ☐ No

If yes, please explain _____

Are you pregnant ☐ Yes ☐ No If yes, expected date of birth _____
Are you taking any medications regularly ☐ Yes ☐ No
If yes, please explain _____

Do you have health insurance _____ ☐ Yes

TRANSPORTATION

Do you have a driver's license: ☐ Yes ☐ No
Do you have a chauffeurs license ☐ Yes ☐ No
Do you have a car or use of a vehicle: ☐ Yes ☐ No
Is your vehicle reliable? ☐ Yes ☐ No
Do you have auto insurance? ☐ Yes ☐ No
Has your driver's license ever been suspended or revoked: ☐ Yes ☐ No
If yes, please explain _____

How close do you live to a bus line? _____

Do you know how to use the bus system? _____

EDUCATION

Circle the highest grade you completed in school

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 17+

Did you receive special education services ☐ Yes ☐ No

Did you complete: ☐ GED ☐ High School ☐ College ☐ Vocational School

Name of the last school you attended: _____

If you did not complete, what prevented you from completed? _____

Are you currently enrolled in a training program: ☐ Yes ☐ No

If yes, where _____

What is your area of study? _____

What occupational licenses do you have? _____

What school subjects did you like best? _____

What school subjects did you like least? _____

Do you know how to use a personal computer? ☐ Yes ☐ No

Do you have basic keyboarding skills? ☐ Yes ☐ No

Do you feel you can find a job without retraining? ☐ yes ☐ No

WORK

What jobs have you enjoyed the most? Why?

What Jobs have you enjoyed the least? Why? _____

What kind of work would you like to do? Why? _____

What would you need to learn to do this type of work? _____

PERSONAL

What are your favorite hobbies and interests? _____

How would you describe your attitude? ☐ Excellent ☐ Good ☐ Hopeful ☐ Discouraged

Are there any types of work that you are unable to do? Explain _____

Do you feel safe in your everyday environment? ☐ Yes ☐ No

If no, explain _____

Why do you think you have struggled to gain or maintain employment? _____

What would you like to gain from the WIOA program? _____

Who is the most supportive person in your life? _____

Are there others who would not support your future goals? _____

Listed below are the areas of interest and concern to persons seeking new careers. We can provide assistance in these areas and/or refer you to appropriate services. Please check any areas/programs you would like to participate in or are in need of further information.

- | | |
|--|--|
| <input type="checkbox"/> Job Search Assistance | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Resume Writing | <input type="checkbox"/> FIP |
| <input type="checkbox"/> Interviewing techniques | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Finding a new job | <input type="checkbox"/> Area Agency on Aging |
| <input type="checkbox"/> Applying for Unemployment | <input type="checkbox"/> Financing a College Education |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Food Banks |
| <input type="checkbox"/> Applying for school | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Money Management | |

Other suggestions: _____
