

Basic Skills Screening Tool

Name: _____

Date of Birth: _____

- 1) Do you have a high school diploma, General Education Development (GED) certificate or High School Equivalency Diploma (HSED)? Yes No Currently in high school (does not include GED or HSED programs)
- 2) Can you follow basic written instructions and diagrams with no help or just a little help? Yes No
- 3) Can you fill out basic medical forms and job applications? Yes No
- 4) Can you add, subtract, multiply and divide with whole numbers up to 3 digits? Yes No
- 5) Can you do basic tasks on a computer? Yes No
- 6) Do you speak and read English well enough to get and keep a job? Yes No

Signature: _____

Date Signed: _____

For internal use only:

Was the individual able to complete this screening tool without help? _____

For the Adult Program only:

If any question is answered, "No," or the form could not be completed independently, the individual should receive priority.

Does the individual receive priority? _____

What level of priority? _____

(See section 8.3.2 of the WIOA Policy Manual for the order of priority.)

For the Youth Program only:

If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.

Does the individual have an eligibility barrier? _____

Name of Career Planner: _____

Career Planner

Signature: _____

Date Signed: _____