



YOUTHBUILD ASSESSMENT

GENERAL INFORMATION:

Student Name: _____

Social Security Number: _____ **Date of Birth:** _____

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/least? _____
4. Is there anything preventing you from succeeding in school? Yes No If yes,
Would you consider receiving tutoring? Yes No
5. What are your educational goals? _____
6. Are you serious about education? Yes No
7. Are you willing to put in the work needed to get your HSED? Yes No
8. Will you make this program a priority by committing to improve yourself? Yes No

C. Work Experience

1. Do you want to learn about construction? Yes No
2. Do you like to work outside? Yes No
3. Have you ever done construction or physical labor? Yes No
4. What do you think about men and women working together on the construction site?

5. Have you ever been on a ladder, scaffolding or roof? Yes No
6. Describe any work-related skills you possess _____

7. What are your future employment goals? _____
8. Have you taken an aptitude or employment interest test?

9. Do you find it difficult to be interviewed? Yes No
10. Do you have an updated resume and cover letter? Yes No



11. 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?

Signature _____ Date _____