



# YOUTH INITIAL ASSESSMENT FORM

## GENERAL INFORMATION:

**Student Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

What would you like to gain from this Youth Program?

\_\_\_\_\_  
\_\_\_\_\_

## A. Goals, Interests, Assets and Support

### 1. Goals

What are your career goals for the future?

\_\_\_\_\_  
Where do you see yourself a year from now?

\_\_\_\_\_  
Where do you see yourself five years from now?

### 2. Interests

What are your hobbies and/or extra-curricular activities?

\_\_\_\_\_

### 3. Assets

What do you feel are your greatest strengths?

\_\_\_\_\_  
What do you feel are your greatest weaknesses?

\_\_\_\_\_

### 4. Support System

Do you have support from a parent/guardian in your family?

\_\_\_\_\_  
Do you have support from an adult outside your family? (girlfriend, pastor, teacher, coach, social worker, etc.)

\_\_\_\_\_  
Do you have childcare services?    Yes  No     What Type?

\_\_\_\_\_  
Do you need assistance obtaining childcare services?    Yes  No

\_\_\_\_\_

## B. Educational Assessment

1. Are you currently enrolled in school or any other educational program? Yes  No
2. If not, what was your reason for leaving and the last grade you completed? \_\_\_\_\_  
\_\_\_\_\_
3. What was the last school you attended? \_\_\_\_\_
4. What school subject do you like best/least? \_\_\_\_\_
5. Is there anything preventing you from succeeding in school? Yes  No   
If yes, would you consider receiving tutoring? \_\_\_\_\_
6. What are your educational goals? \_\_\_\_\_

## C. 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? \_\_\_\_\_  
\_\_\_\_\_
4. Do you find it difficult to be interviewed? \_\_\_\_\_  
\_\_\_\_\_
5. Do you have an updated resume and cover letter? \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any barriers that might prevent you from obtaining employment? \_\_\_\_\_


## D. Health


1. Do you or your family have health insurance? Yes  No

## E. Legal Issues

1. Do you have any legal problems? \_\_\_\_\_  
\_\_\_\_\_

**F. Social Media**

 Profile Name: \_\_\_\_\_

 Profile Name: \_\_\_\_\_

 Profile Name: \_\_\_\_\_

 Profile Name: \_\_\_\_\_

**Observation Notes:**

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Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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