

Basic Skills Screening Tool

Nai	ne:							
Las	t 4 of SSN:							
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)	Without the aid of a calculator, 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:							
W	as the individual able to complete the screening too	ol wit	thout	help	?		Yes No	
For the Adult Program Only:			For the Youth Program Only:					
If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.			If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.					
Does the individual receive priority?			Does the individual have an eligibility barrier?					
	☐ Yes ☐ No					Yes	□ No	
Naı	me of Career Planner:							
Car	eer Planner							
Signature:				Date Signed:				