

**Objective Assessment Summary  
SNAP Employment and Training**

<b>General Expectations</b>		
<b>Name:</b>	<b>User ID:</b>	<b>State ID:</b>
<b>Address:</b>	<b>Phone:</b>	<b>Alt. Phone:</b>
	<b>Email:</b>	
<b>LWIA:</b>	<b>Office Location:</b>	
<b>Program:</b> SNAP Employment and Training	<b>Application ID:</b>	
<b>Assessment Create Date</b>	<b>Age At Assessment:</b>	
<b>Attach Active Plan:</b>	<b>Plan ID:</b> 0	
<b>Staff Completed:</b>	<b>Date Completed:</b>	
<b>Overall Note:</b>		

<b>Program Expectations</b>	
<b>Immediate Employment:</b>	<b>Services Sought:</b>

<b>Employment Expectations</b>			
<b>Occupation 1:</b>			
<b>Occupation 2:</b>			
<b>Occupation 3:</b>			
<b>Employment Type:</b>		<b>Full or Part Time:</b>	
<b>Desired Salary:</b>	\$	<b>Maximum Commute (In Miles):</b>	
<b>Shift Preferences:</b>		<b>Benefits Needed:</b>	
<b>Desired Help in Career Planning:</b>		<b>Job Search Assistance Requested:</b>	
<b>Seeking Training Services:</b>		<b>Training Preferences:</b>	
<b>Seeking Post-Secondary Education:</b>		<b>Post-Secondary Preferences:</b>	
<b>Other Assistance Expected:</b>			

<b>Education History</b>		
<b>Highest Grade Completed:</b>		<b>Currently Enrolled in School:</b>
<b>Education History Assessment Summary:</b>		

<b>Basic Skills / Education Factors</b>	
<b>High School Dropout:</b>	<b>Basic Skills Deficient:</b>
<b>Limited English Proficiency:</b>	<b>Enrolled in ABE/Literacy or ESOL:</b>
<b>Lacks Computer Skills:</b>	<b>Behind Grade Level for Age (Youth Only):</b>
<b>Primary Language Spoken at Home:</b>	<b>Needs Interpretation Services:</b>
<b>Financial Aid:</b>	

## Objective Assessment Summary SNAP Employment and Training

**Basic Skills / Education Factors Summary:** No barriers indicated.

Education				
Degree	Issuing Institution	Location	Completion Date	

Certificate / License	Organization	Location	Issue Date	Expire Date
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**Occupational Transferable Skills**

Summary of Skill Assessment:

Employment History				
Employer	Job Title	Salary	Dates	Duration

Reason for leaving:

Job Duties:

Pro Staff				
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Reason for leaving:

Job Duties

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Reason for leaving:

Job Duties:

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Reason for leaving:

Job Duties:

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Reason for leaving:

Job Duties:

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**Objective Assessment Summary  
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<b>Reason for leaving:</b>
<b>Job Duties:</b>

<b>Work Readiness</b>			
<b>Number of Children under 18:</b>		<b>Dependent Care:</b>	
<b>Dependent Care Comments:</b>			
<b>Transportation:</b>		<b>Drivers License:</b>	
<b>Drivers License Endorsements:</b>			
<b>Automobile:</b>			
<b>Contacts:</b>		<b>Work Attire:</b>	
<b>Emergency Nutritional Needs:</b>			
<b>Work Readiness Summary:</b>			

<b>Workplace Behavior</b>			
<b>Motivational Factors Affecting Employment:</b>		<b>Career Decision Making:</b>	
<b>Resume:</b>		<b>Application Completion:</b>	
<b>Appearance and Hygiene Issues:</b>		<b>Need to Learn To Use Labor Market Information:</b>	
<b>Interviewing Skills:</b>			
<b>Work Behavior Assessment Summary:</b>			

<b>Health &amp; Behavioral Observations</b>			
<b>Health:</b>	<b>Behavior:</b>	<b>Substance Abuse:</b>	
<b>Health &amp; Behavior Observations:</b>			

<b>Living Environment</b>		
<b>Housing:</b>		<b>Home Life:</b>
<b>Living Environment Assessment:</b>		

<b>Economic Factors / Financial Situation</b>		
<b>Credit / Financial:</b>		
<b>Economic Factors Situation Assessment:</b>		

<b>Vocational / Occupational Factors</b>	
<b>Obsolete Work Skills:</b>	<b>License Expired / Revoked:</b>
<b>Vocational / Occupational Factor Assessment:</b>	

<b>Other Assistance Received</b>	
<b>Public Assistance:</b>	<b>Partner Services: s</b>

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Other Assistance Assessment: \_\_\_\_\_

**Barriers To Employment**

Lacks Significant Work History:	Sporadic or Limited Work History:
Restricted Commuting Distance:	Restricted Work Schedule:
Unrealistic Wage Expectations:	Legal Issues:
Single Parent:	Displaced Homemaker:
Pregnant or Parenting Youth:	Runaway Youth:
LWIA Designated Barrier:	Other:
No Barriers to Employment/Work Readiness Issues:	
Employment Barriers Summary:	

**Testing Results**

Basic Skills Assessment:

Test Date	Test Name	Results

**Other Testing:**

Test Date	Test Name	Results

**Work Keys**

Test Date	Test Name	Results

Aptitude:	Career Interest:
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Testing Results Comments: \_\_\_\_\_

**Agency Referrals**

Reviewed With Customer     
  Agree     
  Disagree

Comments:

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**Objective Assessment Summary  
SNAP Employment and Training**

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**Customer Signature**

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**Date**

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**Staff Signature**

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**Date**