

Basic Skills Screening Tool

Name: [Click or tap here to enter text.](#)

Date of Birth: [Click or tap to enter a date.](#)

- 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: [Click or tap to enter a date.](#)

For Internal Use Only:

Was the individual able to complete the screening tool without help? Yes No

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?

Yes No

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?

Yes No

Name of Career Planner: [Click or tap here to enter text.](#)

Career Planner

Signature:

Date Signed: [Click or tap to enter a date.](#)