

Basic Skills Assessment Screening Tool

Name: _____

Date of Birth: _____

- 1) Do you have a high school diploma, General Education Development (GED) certificate or High School Equivalency Diploma (HSED)? Yes No Currently in school
- 2) Can you follow basic written instructions and diagrams without assistance? 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) Are you an English Language Learner? Yes No

Signature: _____ Date Signed: _____

For Internal Use Only:

Was the individual able to complete the screening tool without help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div style="border: 1px solid black; padding: 5px;"><p>For the Adult Program Only:</p><p>If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.</p><p>Does the individual receive priority?</p><p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p></div>	<div style="border: 1px solid black; padding: 5px;"><p>For the Youth Program Only:</p><p>If any question is answered, "No" or the form could not be completed independently, the individual may need additional assessments.</p><p>Does the individual lack basic skills?</p><p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p></div>
Name of WIOA Staff: _____	
WIOA Staff Signature: _____ Date Signed: _____	