

**VIEW ASSESSMENT – Part 1**

**A. EDUCATIONAL BACKGROUND**

Last Grade Completed \_\_\_\_\_ Date Completed \_\_\_\_\_ School/Location \_\_\_\_\_  
Date of H.S. Diploma \_\_\_\_\_ Date of GED \_\_\_\_\_ Date of Career Readiness Certificate (CRC) \_\_\_\_\_  
Post-Secondary Degree/Field/Date \_\_\_\_\_ (AS/Biology, BSW/Social Work, etc.)  
Certificate/Field/Date: \_\_\_\_\_ (Pre-Nursing, Dental Assistant, Welding, etc.)  
Apprenticeship/Date: \_\_\_\_\_ (Electrician, Cosmetologist, Dental Assistant, etc.)  
Occupational License/Expiration Date: \_\_\_\_\_ (Real Estate, Barber, Esthetician, etc.)  
Other (training, education, test results, and dates) \_\_\_\_\_  
Agency Use Only: Functional Education. Level \_\_\_\_\_ Date Determined \_\_\_\_\_ Method \_\_\_\_\_

**B. EMPLOYMENT HISTORY (*Begin with your last job*):**

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
5. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Most favorite job \_\_\_\_\_ Why? \_\_\_\_\_  
Least favorite job? \_\_\_\_\_ Why? \_\_\_\_\_

**C. VOLUNTEER WORK/ HOBBIES/ INTERESTS (*Transferable skills*):** \_\_\_\_\_

**D. GENERAL INFORMATION:**

1. Please provide the following information for everyone living in your household.

Name	Relationship to You	DOB	Child Paternity Established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

2. Do you have a current driver's license? \_\_\_\_\_

3. Is your license currently suspended? \_\_\_\_\_ Explain: \_\_\_\_\_

4. Do you have access to a car? \_\_\_\_\_ If not, what do you do for transportation? \_\_\_\_\_

5. Have you ever been convicted of a crime? \_\_\_\_\_

Felony or misdemeanor? \_\_\_\_\_ Explain \_\_\_\_\_

6. Do you have any pending charges or court dates? \_\_\_\_\_ Explain \_\_\_\_\_

7. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job?

Explain \_\_\_\_\_

8. What type of child care will you arrange to help you accept a job? \_\_\_\_\_

9. Are you registered with the Virginia Employment Commission (VEC)? \_\_\_\_\_

If so, when was the last time you contacted the VEC about job openings? \_\_\_\_\_

10. Are you registered with a temporary employment agency? \_\_\_\_\_

If so, give the name of the agency and last date of contact. \_\_\_\_\_

11. Are you scheduled to begin an education or training program in the next sixty (60) days? \_\_\_\_\_ If so, what

will you study? \_\_\_\_\_ Where? \_\_\_\_\_

**E. CONSIDERATIONS IN EMPLOYMENT PLANNING:**

Which of the following do you have to think about in finding and/or keeping a job? (Check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Homeless           | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Legal/Criminal       | <input type="checkbox"/> Child Care         | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Education            | <input type="checkbox"/> Work History       | <input type="checkbox"/> Family Abuse*   |
| <input type="checkbox"/> Limited English      | <input type="checkbox"/> Illness/Disability |  |
| <input type="checkbox"/> Other _____          |   |  |

What steps can you take to improve your situation in regard to each of the items checked?

\*The Family Violence Hotline can be reached at 1-800-838-8238.

Participant Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

**VIEW ASSESSMENT – Part 2**

**F. EMPLOYMENT GOALS/ OTHER GOALS:**

1. What kind(s) of job would you like to work in two years from now? \_\_\_\_\_

2. What kind(s) of job would you like to have five years from now? \_\_\_\_\_

3. What other goals (personal, financial, educational) do you have for yourself in the next five years? \_\_\_\_\_

**G. PLANNED PROGRAM ASSIGNMENTS BASED ON GOALS (Number in order of anticipated assignment):**

**# Core Activities**

\_\_\_ Currently employed part-time or full-time at \_\_\_\_\_

\_\_\_ Job Search \_\_\_\_\_

\_\_\_ Job Readiness at \_\_\_\_\_

\_\_\_ Full Employment Program (FEP) at \_\_\_\_\_

\_\_\_ On-The-Job-Training (OJT) at \_\_\_\_\_

\_\_\_ Community Work Experience (CWEP) or Public Service Program (PSP) at \_\_\_\_\_

\_\_\_ Vocational Education and Training at \_\_\_\_\_  
Field of Study \_\_\_\_\_

**Non-Core Activities**

\_\_\_ Job Skills Training at \_\_\_\_\_

\_\_\_ Education Above Post-Secondary that is Directly Related to Employment (meets definition of Job Skills Training) at \_\_\_\_\_  
Field of Study \_\_\_\_\_

\_\_\_ Education Below Post-Secondary at \_\_\_\_\_

**Other Work Activities (not credited toward participation)**

\_\_\_ Other Locally Developed \_\_\_\_\_

**H. WHAT ACTIONS WILL YOU TAKE TO HELP REACH YOUR GOALS?** \_\_\_\_\_

\_\_\_\_\_

**I. WHAT OUTCOMES DO YOU EXPECT FROM YOUR VIEW PARTICIPATON? (Explain that outcomes will be based on program participation and the participant's commitment to his/her own success):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VIEW ASSESSMENT

FORM NUMBER - 032-02-0303-05-eng

**PURPOSE OF FORM** - This form is initially completed by the VIEW worker at the time of the VIEW assessment interview. The form records information concerning the VIEW participant's educational background, employment history, interests and employment goals. This form will also be updated at reassessment interviews. (Note: If the agency chooses to mail Part 1 of the VIEW Assessment to the client for completion prior to the assessment interview, an in-depth interview will still be conducted. The information provided by the client on Part 1 will serve as introduction to further discussion around the interview topics. Part 2 of the form is not designed to be completed by the client and should not be used in that way under any circumstance).

**USE OF FORM** - The information on this form is used to assess the job readiness of the VIEW participant and serves as a foundation for development of the VIEW participant's Activity and Service Plan (032-02-302). Part 1 of the form will be used after the initial assessment process to record up-dated information about the VIEW participant's educational background, **including credentials**, employment history, and interests. Date information added after the initial assessment to show MM/DD/YY of entry. Part 2 will be completed with the client and **will be** based on the goals identified in Part 1. It will provide the client with an overview of her planned participation in VIEW and will encourage the client's involvement in achieving success. Complete a new Part 2 if the client's goals change during program participation and/or if the planned sequence of program assignments changes.

**NUMBER OF COPIES** –Original only, but provide participant with a copy of Part 2.

**DISPOSITION OF COPIES** - Original will be maintained in the VIEW participant's case record.

**INSTRUCTIONS FOR PREPARING FORM** - Identifying Information/Date/Type of Assessment/Category - Date is MM/DD/YY the assessment or reassessment is conducted. Check the appropriate block to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews.

### PART 1

- A. **EDUCATIONAL BACKGROUND** - Information about the last school attended and last grade completed is obtained from the VIEW participant during the assessment interview. The worker will use this part of the form to record functional education level testing. Record any training, special schooling or post-secondary education. **Be sure to list certificates and degrees obtained, fields of study, and dates. Provide information about apprenticeships and occupational licenses, and relevant dates.** Information about test results may be recorded at the time initial assessment, if known, or may be added at the time of reassessment.
- B. **EMPLOYMENT HISTORY** - The "Employment History" section provides space for a chronological listing of the VIEW participant's employment. Information about the VIEW participant's duties on the job, reasons for leaving, and job preferences are important for employability planning and merit thorough discussion.
- C. **VOLUNTEER WORK/HOBBIES/INTERESTS** - In this section, include any information which could assist the on-going employability planning process. Information about volunteer work, hobbies and interests will allow identification of transferable skills which are useful in planning for participants with limited skills/employment.
- D. **GENERAL INFORMATION:** This section provides space for the worker to list the members of the client's household, their ages, and school status. The client's family situation may help or hinder her program participation. Subsequent questions are designed to help the VIEW participant think about some of the issues which will affect employability as well as the ability to be self-sufficient. Each question needs to be completed as thoroughly as possible and discussed with the VIEW participant at the time of the interview.
- E. **CONSIDERATIONS IN EMPLOYMENT PLANNING:** This section is designed to allow the VIEW participant and worker to identify issues which may impact the client's progress toward self-sufficiency. If problems are identified, the VIEW participant has an opportunity to decide how these issues will be resolved.

### PART 2

- F. **EMPLOYMENT GOALS/OTHER GOALS:** This section is designed to record short and long term employment goals, as well as other long term goals. Knowledge of these goals can help as the client and worker plan her participation in VIEW.
- G. **PLANNED PROGRAM ASSIGNMENTS BASED ON GOALS:** This section is designed to list the components to which the participant may be assigned during the course of VIEW program participation. Assignments should directly assist the participant in achieving her employment and other goals. Use the spaces next to the activities to number the activities in anticipated order of assignment.
- H. **WHAT ACTIONS WILL YOU TAKE...?** Use this section to list the actions the participant will take on her own behalf in reaching her goals.
- I. **WHAT OUTCOMES DO YOU EXPECT ...?** This section is used to record the outcome the client envisions as a result of her VIEW participation.