



Career Seekers Elements I & II Needs Assessment

Member Name _____ SSN _____ DATE _____

Note: This form is for staff use only.

Under WIA, youth must be assessed to determine their needs for tutoring, study skills training and instruction leading to secondary school completion (including dropout prevention strategies), and their need for alternative secondary school offerings. This form is to be used by staff in assessing needs and planning services. Information should be gathered from our existing case records, from school records or officials where applicable, and from members or parents directly only when other sources are unavailable. In no case should this form be completed in a face-to-face interview format.

Risk for Dropping Out of School

In general, a student can be identified as being at risk for dropping out of school when his or her academic performance and/or personal behavior demonstrates that he or she is uninvolved, unmotivated and/or disaffected. The following characteristics are common indicators of risk. Please check all that are applicable.

- has been retained in grade at least once during the most recent four school years or has accumulated insufficient credits toward graduation
- demonstrates a reading or math proficiency level one grade or more below current grade level placement
- lacks demonstrated proficiency in the English language as measured by a standardized test
- has been determined to have a behavior disorder or learning disability
- is pregnant or a parent
- has been on academic probation at any time during the prior 12 months
- is truant or excessively absent
- has been suspended from school five or more days during the previous or current school year
- has been expelled from school during the previous or current school year
- has been identified as drug or alcohol dependent
- is a member of a family which meets the definition of long term public aid recipient
- is a member of a single parent household

Based on the above indicators and on any other information available to you, do you believe that this student is at risk of dropping out and needs to be linked to available local dropout prevention services?

- minimal risk at this time
- at risk and in need of referral
- at risk but already receiving services
- N/A – already graduated or already dropped out

Briefly describe the strategy for dropout prevention at this time (if applicable). _____



Career Seekers Special Services Needs Assessment

Member Number _____ DATE _____

The information on this form will help your **Career Seekers** staff person to better understand your personal situation and needs. It will be kept strictly confidential in a locked file, and destroyed when you leave the program. Your staff person will help arrange for services or activities which you might need or desire to deal with issues raised in this assessment. Please answer the questions as honestly as you can.

Legal Issues

- Do you have any outstanding legal judgements or fines? Yes No
- Have you ever been arrested or convicted of a felony? Yes No
- Have you ever been arrested or convicted of a misdemeanor? Yes No
- Are you on parole or probation? Yes No

If you answered yes to any question, please give more detail. _____

Alcohol and Drug Related Issues

- Is use of alcohol or drugs a part of your life? Yes No
- Has a family member or close friend told you that alcohol or drug use is having a bad effect on you? Yes No
- Do you feel that you would benefit from a treatment program or support group? Yes No
- Have you ever been in an alcohol or substance abuse program? Yes No
- Have you ever had a DUI conviction? Yes No
- Have you ever been incarcerated or placed on probation because of alcohol or substance abuse? Yes No

Please give any other information about this issue that you think may be important. _____

Health Issues

- Do you have any allergies, ongoing health problems or other medical concerns? Yes No
- Are you currently taking any prescription drugs? Yes No
- Are you covered under a Medicaid Card? Yes No
- Do you have health insurance? Yes No
- Do you receive or have you been referred for mental health services? Yes No

If you answered yes to any question, please give more detail. _____

Counseling/Support Needs

Have you ever received formal counseling or been involved in a support group? Yes No

Do you feel that you or your family could benefit from counseling or a support group? Yes No

If you answered yes to either question, please give more detail. _____

Parenting and Child Care

Do you have children? Yes No

If so, please list their names and ages. _____

Are any of your children not living with you at this time? Yes No

Do you have someone to provide child care while working or attending school or sessions? Yes No

Do you need help in obtaining or paying for child care? Yes No

Do you believe that access to child care would change your employment situation? Yes No

Do you participate in WIC? Yes No

Do you participate in Kid Care? Yes No

Do you have access to medical care for your children? Yes No

Do you feel that you would benefit from sessions on parenting skills and household management? Yes No

Please give any other information about this issue that you think may be important. _____

Transportation

Do you have a valid Illinois driver's license? Yes No

Do you own a car or have access to one? Yes No

Is the vehicle insured? Yes No

Is the vehicle reliable? Yes No

Do you have access to public transportation? Yes No

Are you usually able to find a way to get to places you need to go? Yes No

Food/Shelter

Do you have a permanent night time residence? Yes No

Does your housing situation pose any serious health or safety risks? Yes No

Do you feel you have a proper, healthy diet and enough to eat? Yes No

*Please attach additional pages to give any further information about your personal situation that you think might be important, or talk to your **Career Seekers** staff person about any other concerns or needs you have.*