



Individual Assessment

Name: _____ Date: ____/____/____

EDUCATION

High School Graduate? Yes No GED? Yes No

Do you want help with getting a GED? Yes No

College or Vocational Training (Explain):

BARRIERS

(What is in your way of finding employment?)

- | | | | |
|-------|--------------------------------|-------|------------------------------|
| _____ | Home environment/shelter needs | _____ | Self-esteem |
| _____ | Limited English | _____ | Limited/outdated work skills |
| _____ | Basic skill deficits | _____ | Pregnant/Parenting |
| _____ | Lack of resources | _____ | Police Record |
| _____ | Transportation | _____ | No Driver's license |

Discuss these or any other restrictions to your employment:

PERSONAL HISTORY

Are you working with any for the following agencies: Please check and list the name of the person you are working with.

- _____ Adult and Family Services _____
- _____ The Job Council _____
- _____ South Coast Business Employment Corporation _____
- _____ Umpqua Training & Employment _____
- _____ Tribal Organizations or Programs _____
- _____ Senior & Disabled Services _____
- _____ Corrections _____
- _____ Mental Health _____

_____ Vocational Rehabilitation _____
_____ Employment Department _____
_____ Social Security _____
_____ Other _____

Do you have a (physical, mental or learning) disability? Please explain: _____

If so, has this disability been documented? Yes No

I am interested in the following:

(Please check all that apply)

- _____ Locating and applying for jobs in my area.
- _____ Appropriate dress/grooming for job search.
- _____ Resume writing. Do you have a resume? Yes No
- _____ Job interviewing skills.
- _____ Brushing up on basic skills, such as math and English.
- _____ Tips on building confidence and dealing with stress.
- _____ Tips on getting/keeping a job.
- _____ Testing to determine aptitudes, interests and occupational skills.
- _____ Evaluation of aptitudes and interests as related to career choices.
- _____ Information about On-the-Job Training opportunities.
- _____ Information on classroom training – Subject area: _____
- _____ Other: _____

What is your employment or training goal? Please describe:

Type of work desired: Full-time Part-time Either Preferred work schedule (days/hours):
_____ Salary/Wage range acceptable in an unsubsidized job: _____ Desired
geographical location of job: _____ Preferred working conditions: _____

Do you have any pending legal or legitimate scheduling problems that could interfere with your employment goal or training? (Examples: Scheduled surgery, court appearances, etc.) Yes No

Is there anything else you would like your employment counselor to know about you that would help them to serve you better?

FUNCTIONAL CAPACITY SELF ASSESSMENT

Please circle the amount of time (hours) you have the capacity for each activity:

In an 8-hour day, I can:

- | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|
| a) Sit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| b) Stand | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| c) Walk | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

I am able to:

	Not at all	Occasionally	Frequently	Continuously
--	------------	--------------	------------	--------------

- | | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Bend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Squat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Climb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I can carry:

	Never	Occasionally	Frequently	Continuously
--	-------	--------------	------------	--------------

- | | | | | |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Up to 10 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 11-20 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 21-50 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 51-100 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I can use my feet for repetitive movements as in operating foot controls:

Right: Yes No Left: Yes No Both: Yes No

I can use my hands for repetitive action such as:

- | | | | |
|--------|--|--|--|
| | <u>Simple Grasping</u> | <u>Pushing & Pulling</u> | <u>Fine Manipulation</u> |
| Right: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Left: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I am restricted in activities involving:

	Yes	No	<u>Comments:</u>
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- | | | | |
|--|--------------------------|--------------------------|-------|
| a) Unprotected heights | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| b) Being around moving machines | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| c) Exposure to dust, fumes & gases | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| d) Exposure to extreme changes in temperature/humidity | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| e) Driving automotive equipment | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| f) Other (please explain) | | | |

WORKSOURCE OREGON is an Equal Opportunity Employer/Program

Auxiliary Aids and Services are available on request to individuals with disabilities.