



Basic Skills 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 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) 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) Do you speak and read English well enough to get and keep a job? ☐ Yes ☐ No

Signature: _____ Date Signed: _____

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: _____

Career Planner

Signature: _____ Date Signed: _____