

**The Mississippi Partnership  
WIOA Youth Objective Assessment**

**A: PARTICIPANT INFORMATION**

<b>Participant Name</b>		
<b>Last 4 SSN</b>	<b>Date of Birth</b>	<b>MS Works ID</b>

**Classification of Youth:** ☐ WIOA In-School Youth (ISY)      ☐ WIOA Out-of-School Youth (OSY)

<b>Date of Evaluation</b>	<b>Youth Provider Staff Name:</b>
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**B: EMPLOYMENT STATUS AT ENROLLMENT**

**Current Employment Status:**

- ☐ Employed Full-Time
- ☐ Employed Part-Time (seeking additional or different employment)
- ☐ Unemployed – actively seeking work
- ☐ Not in the labor force

**C: ACADEMIC AND BASIC SKILLS ASSESSMENT**

**1. Academic**

<b>Last High School Attended</b>	
<b>Highest Grade Completed</b>  <div style="display: flex; justify-content: space-around; font-size: 0.9em;"><span><input type="checkbox"/> 6</span><span><input type="checkbox"/> 7</span><span><input type="checkbox"/> 8</span><span><input type="checkbox"/> 9</span><span><input type="checkbox"/> 10</span><span><input type="checkbox"/> 11</span><span><input type="checkbox"/> 12</span></div>	<b>Dates Attended</b>
<b>College Attended (If applicable)</b>	
<b>Major</b>	<b>Years Completed</b>  <div style="display: flex; justify-content: flex-end; font-size: 0.9em;"><span><input type="checkbox"/> 1</span><span><input type="checkbox"/> 2</span><span><input type="checkbox"/> 3</span><span><input type="checkbox"/> 4</span></div>

**Indicate the types of Diplomas/Certificates the youth currently has:**

- ☐ Received High School Diploma
- ☐ Received Certificate of Attendance/Completion (K-12)
- ☐ Received High School Equivalency (HSE) Diploma
- ☐ Received Associate's or Bachelor's Degree
- ☐ Received other Occupational Degree/Certificate (list below)

**The Mississippi Partnership  
WIOA Youth Objective Assessment**

Credential Name	Issuing Organization	Date Received	Expiration

**2. Basic Skills**

The information contained in this section will be used to determine if the youth's English reading, writing, or math skills are at or below the 8th-grade level, or if they are unable to compute, solve problems, or speak English at a level necessary to function effectively on the job. Refer to the MPWDA Basic Skills Deficiency Policy for additional information.

**Current GPA:** \_\_\_\_\_ (ISY Only)

**Complete this information if the participant has been assessed with TABE or WorkKeys within the last 6 months:**

**TABE Information:**

	Scale Score	Grade Level	Date Taken
Reading			
Total Math			
Language			

**WorkKeys Information**

	Scale Score	Level	Date Taken
Applied Math			
Workplace Documents			

**The Mississippi Partnership  
WIOA Youth Objective Assessment**

**Complete the MPWDA Basic Skills Screening Tool below:**

In-School Youth		Out-of-School Youth	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Below the 9 <sup>th</sup> grade level on acceptable standardized test (such as TABE) or school records	<input type="checkbox"/>	<input type="checkbox"/> Below the 9 <sup>th</sup> grade level on acceptable standardized test (such as TABE) or school records
<input type="checkbox"/>	<input type="checkbox"/> Has taken the ACT WorkKeys® Workplace Documents or Applied Math and scored below a Bronze Level on either test	<input type="checkbox"/>	<input type="checkbox"/> Has taken the ACT WorkKeys® Workplace Documents or Applied Math and scored below a Bronze Level on either test
<input type="checkbox"/>	<input type="checkbox"/> Scored below an 80 on the Work Ready Screening Tool for Youth	<input type="checkbox"/>	<input type="checkbox"/> Scored below an 80 on the Work Ready Screening Tool for Youth
<input type="checkbox"/>	<input type="checkbox"/> High School cumulative GPA is below a 2.5 on a 4.0 scale	<input type="checkbox"/>	<input type="checkbox"/> Lacks a high school diploma or its equivalent and is not enrolled in secondary (high) school*
<input type="checkbox"/>	<input type="checkbox"/> Has taken but not passed the State end-of-course exams in Algebra I, English II, Biology, or U.S. History		
<input type="checkbox"/>	<input type="checkbox"/> Taken the ACT test and any of the following applies: <ul style="list-style-type: none"> <li><input type="radio"/> English subscore below 18</li> <li><input type="radio"/> Reading subscore below 22</li> <li><input type="radio"/> Math subscore below 22</li> </ul>		

*Note: If any question above is answered "Yes" the individual is considered basic skills deficient.*

**Is the youth basic skills deficient?** ☐ Yes ☐ No

**Case Manager Notes – Academic and Basic Skills Assessment:**

## D: WORK HISTORY, EMPLOYABILITY SKILLS, AND OCCUPATIONAL SKILLS

### 1. Work History

**Has the youth ever been employed?** ☐ Yes ☐ No

*If yes, please enter the employment history below:*

<b>Employer Name:</b>		<b>City, State:</b>	
<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Reason for Leaving</b>

**The Mississippi Partnership  
WIOA Youth Objective Assessment**

<b>Employer Name:</b>		<b>City, State:</b>	
<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Reason for Leaving</b>

<b>Employer Name:</b>		<b>City, State:</b>	
<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Reason for Leaving</b>

**2. Employability Skills**

**Indicate the method(s) used for employability skills assessment:**

- ☐ Career Ready 101
- ☐ Skills to Pay the Bills Assessment
- ☐ Formal evaluation from partner / educational institution (within last 6 months)
- ☐ MPWDA Work Ready Screening Tool
- ☐ Staff-Rated Employability Assessment completed below
- ☐ Other: \_\_\_\_\_

Assessment Results / Notes:

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**3. Occupational Skills**

**Indicate the method used for occupational skills assessment:**

- ☐ WorkKeys
- ☐ Occupational skills test administered by training provider
- ☐ Formal evaluation from partner / educational institution (within last 6 months)
- ☐ Structured interview — documented in D.1 and D.2 above
- ☐ Other: \_\_\_\_\_

Assessment Results / Notes:

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**Case Manager Notes – Work History, Employability Skills, & Occupational Skills:**

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**The Mississippi Partnership  
WIOA Youth Objective Assessment**

**E: CAREER INTEREST & CAREER GOALS**

**Indicate the method used to determine career interest:**

- ☐ O\*Net Interest Profiler
- ☐ Myers-Briggs Type Indicator
- ☐ Myers-Briggs Strong Assessment
- ☐ Career OneStop Assessment
- ☐ Holland Code Assessment
- ☐ Recent formal assessment from accredited institution (within last 6 months)
- ☐ Other validated instrument: \_\_\_\_\_
- ☐ Career interest identified through participant interview and career planning discussion (no formal assessment utilized)

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

**Career Interest Sectors (Mark top 3):**

- ☐ Advanced Manufacturing
- ☐ Construction
- ☐ Energy
- ☐ Healthcare
- ☐ Information Technology
- ☐ Transportation/Logistics/Warehouse
- ☐ Education
- ☐ Business/Administration
- ☐ Public Service
- ☐ Other: \_\_\_\_\_

**Preferred Work Environment:**

- ☐ Indoors / office
- ☐ Outdoors / field
- ☐ Manual / trade / hands-on
- ☐ Healthcare / caregiving
- ☐ Remote / work from home
- ☐ No preference
- ☐ Other: \_\_\_\_\_

**Preferred Work Schedule:**

- ☐ Days
- ☐ Evenings/Nights
- ☐ Weekends
- ☐ Flexible/No Preference

<b>Participant's Identified Occupational Goal</b>	<b>Target Industry</b>
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<b>Participant's Wage Expectation</b>	<b>Local Median Wage for Target Occupation</b>
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**Case Manager Notes – Career Interests & Career Goals:**

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**The Mississippi Partnership  
WIOA Youth Objective Assessment**

**F: CHALLENGES TO EDUCATION OR EMPLOYMENT**

**Indicate the challenge(s) the youth has to education and/or employment:**

- |  |  |
|--|--|
| <input type="checkbox"/> Deficient in Basic Literacy Skills          | <input type="checkbox"/> Lacks Work History  |
| <input type="checkbox"/> English Language Learner                    | <input type="checkbox"/> Pregnant or Parenting   |
| <input type="checkbox"/> Family/Personal Problems                    | <input type="checkbox"/> High School Dropout   |
| <input type="checkbox"/> Foster Child (including aging foster child) | <input type="checkbox"/> Under Employed  |
| <input type="checkbox"/> Has a Disability                            | <input type="checkbox"/> Unemployed  |
| <input type="checkbox"/> Health/Medical Problems                     | <input type="checkbox"/> Requires additional assistance to complete an education program |
| <input type="checkbox"/> Lacks High School Diploma or Equivalent     | <input type="checkbox"/> Requires additional assistance to obtain or retain employment   |
| <input type="checkbox"/> Lacks Transportation                        |  |

**Case Manager Notes – Challenges to education or employment:**

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**G: SUPPORTIVE SERVICE NEEDS**

**Indicate Supportive Services that may be needed for successful participation in the WIOA Youth Program:**

- ☐ Child Care Assistance
- ☐ Transportation Assistance
- ☐ Other Hardship Related Supportive Services
- ☐ Work-Related Items
- ☐ Educational Related Expenses
- ☐ Other: \_\_\_\_\_

**Case Manager Notes – Supportive Service Needs (include any information about referrals for supportive services):**

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**H: SUMMARY**

**1. Strengths and Assets**

Provide a summary of the youth's strengths, talents, and interests:

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**The Mississippi Partnership  
WIOA Youth Objective Assessment**

**2. Needs Summary**

Based on this objective assessment, indicate the needs that were identified

**Educational Needs:** \_\_\_\_\_

**Employment Needs:** \_\_\_\_\_

**Occupational Skills Needs:** \_\_\_\_\_

**Supportive Services Needs:** \_\_\_\_\_

**I: CERTIFICATION**

I certify that this objective assessment was conducted through a structured interview and review of available participant information, and that the service needs identified above reflect the participant's current situation.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_