



# **Comprehensive Objective Assessment Summary (OAS) Enrollment Guide**

OWCI Guide for completing  
the Objective Assessment

# Introduction

This document was created to help case managers with completing the Comprehensive Objective Assessment (OAS), which is required when enrolling participants in SkillUP. Please use this as a guide as you navigate through the assessment. Please keep in mind, not all aspects of this assessment will apply to every participant enrolled.

The purpose of the OAS is to thoroughly assess the participant and their situation. Each box should be used as a summary of what is selected above it. These should be detailed. The exception to this would only be the *Overall Note*. This section should highlight the participant's situation and the plan in which we have created to assist.

There should not be any blanks in this assessment. If there is a section that does not apply, please note "Not at this time", "None at this time", "Not applicable at this time" or something similar.

*\*Please keep in mind, confidential information should not be shared in this assessment. Please maintain hard files of confidential information if necessary.*

## Where to go and how to get there

Start by selecting “Plan” under the Case Management Profile Tab



### Case Management - IEP/ISS

Use this folder to manage Plan information for the selected Individual.

[ [Assist an individual](#) | [Staff Services](#) | [Individual Portfolio](#) ]

The screenshot displays three main navigation columns:

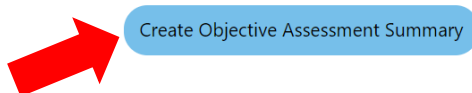
- My Individual Profiles:** Personal Profile (General Information, Background, Activities, Paths, Memo, Documents), Search History Profile, Self Assessment Profile, Communications Profile.
- My Individual Plans:** Employment Plan Profile (Résumés, Job Contacts, Saved Jobs, Online Application, Virtual Recruiter), Training Plan Profile, Benefits Plan Profile.
- Staff Profiles:** General Profile (Summary, Case Notes, Activities, Documents (Staff), Identity Issues), **Case Management Profile** (Case Summary, Programs, **Plan**, Assessments), Report Profile.

A red arrow points to the **Plan** link within the Case Management Profile section.

Next, scroll to the middle of the screen under “Objective Assessment Summary.” Here, select “Create Objective Assessment Summary”.

### Objective Assessment Summary

| #     | LWIA/Region            | Office Location           | Program                        | Staff              | Date       | Action  |
|-------|------------------------|---------------------------|--------------------------------|--------------------|------------|---|
| 26382 | Kansas City & Vicinity | FSD Partner KC & Vicinity | SNAP Employment and Training   | HAWKINS, JOHN      | 12/02/2019 | <a href="#">Edit</a><br><a href="#">Void</a><br><a href="#">Delete</a><br><a href="#">Print</a> |
| 26389 | Kansas City & Vicinity | FSD Partner KC & Vicinity | SNAP Employment and Training   | VANDEGRIFFE, DONNA | 12/02/2019 | <a href="#">Edit</a><br><a href="#">Void</a><br><a href="#">Delete</a><br><a href="#">Print</a> |
| 30389 | Central Region         | CENTRAL OFFICE            | Title III - Wagner-Peyser (WP) | PITCHFORD, LESLIE  | 02/20/2020 | <a href="#">Edit</a><br><a href="#">Void</a><br><a href="#">Delete</a><br><a href="#">Print</a> |



The next screen will take you to the “General” tab.

# General

Enter the program, select the application ID, the region, the office location and enter the assessment create date. Please note the office location should ALWAYS be "FSD Partner \_\_\_\_\_". As you scroll you will be able to edit contact information and add an alternative contact. At the bottom, enter an overall note explaining the participant's situation overall.

**Please note:** if you do not have the exact information regarding LMI as listed below, please use related information that your entity policy requires.

## Objective Assessment - General Information Form

### General Information

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|                           |  |                                    |  |
|---------------------------|--|------------------------------------|--|
| User Name:                | JOBSEEKER616   |                                    |  |
| User ID:                  | 1064567  |                                    |  |
| State ID:                 | 3123949801   |                                    |  |
| * Program:                | <input type="text" value="SNAP"/>  |                                    |  |
| * Application ID:         | <input type="text" value="6927653"/>                                       |                                    |  |
| * LWIA:                   | <input type="text" value="North Region"/>                                  |                                    |  |
| * Office:                 | <input type="text" value="FSD Partner Northeast (North)"/>                 |                                    |  |
| * Assessment Create Date: | <input type="text" value="02/26/2025"/> <a href="#">Today (MM/DD/YYYY)</a> |                                    |  |
| Attach Active Plan:       | <input type="radio"/> Yes <input checked="" type="radio"/> No              |                                    |  |
| IEP ID #                  | <input type="text"/>   |                                    |  |
| Age at Assessment         | <input type="text" value="22"/>  |                                    |  |
| * Name                    | <input type="text" value="JOHNNY"/>  | <input type="text" value="J"/>     | <input type="text" value="JOBSEEKER"/> |
| * Address Line 1          | <input type="text" value="12345 Forrest Drive"/>                           |                                    |  |
| Address Line 2            | <input type="text"/>   |                                    |  |
| * City                    | <input type="text" value="Maryville"/>                                     |                                    |  |
| * State                   | <input type="text" value="Missouri"/>                                      |                                    |  |
| * Zip Code                | <input type="text" value="64468"/>   |                                    |  |
| * Primary Phone Number    | <input type="text" value="573"/> -   | <input type="text" value="694"/> - | <input type="text" value="9538"/>      |
|                           | <input type="text"/>   | <input type="text"/>               | <input type="text"/>                   |
|                           | <input type="text"/>   | <input type="text"/>               | <input type="text"/>                   |
| * Email                   | <input type="text" value="bobby.barlow@dhewd.mo.gov"/>                     |                                    |  |

### Contact Information

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## Alternate Contact

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Alternate Contact

[Add Alternate Contact](#)


## Staff

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Staff User ID

2778513 (Bailey,Cooper)

Date Completed

02/26/2025 

Overall Note

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

successful in the field as verified with her Get My Future Interest Assessment results; she scored highest in Social, Enterprising and Conventional, both Social and Conventional are in alignment with being a CMT. Client is in need of training to increase her skills and education level from some college to s certificate to obtain employment as a CMT. Obtaining employment as an CMT would allow for self-sufficiency and allow the client to become free from public assistance. The client is in need of financial assistance to pay for training and training related costs as she does into have the financial ability to pay for training and training related costs.

[\[ Clear Text \]](#)

### Overall Note Example:

Client is interested in employment as a CMT; however, currently lacks the skills, education, and credentials to do so. Client needs training to obtain these requirements for employment. They are currently enrolled at State Fair Community College to attend beginning on 10/17/2023 and plans to graduate from SFCC 12/2023 with their certificate to be a CMT. The client currently possesses the knowledge and skills to complete the following tasks: Provide health care, first aid, immunizations, or assistance in convalescence or rehabilitation in locations such as schools, hospitals, or industry, Monitor, record, and report symptoms or changes in patients' condition, Psychology knowledge, medicine and dentistry knowledge, and more; but is however unable to act as a CMT until credential is obtained from SFCC. The client has the basic skills to successfully complete CMT training and maintain employment as a CMT. They have the interest and aptitude to be successful in the field as verified with the Get My Future Interest Assessment results; they scored highest in Social, Enterprising and Conventional, both Social and Conventional are in alignment with being a CMT. Client is in need of training to increase their skills and education level from some college to s certificate to obtain employment as a CMT. Obtaining employment as an CMT would allow for self-sufficiency and allow the client to become free from public assistance. The client is seeking financial assistance to pay for training and training related costs as they do not have the financial ability to pay for training and training related costs.

After finishing this information, select "Next". The next screen will take you to the "Expectation" tab.

## Expectation

In this section, you will enter information relating to *Program Expectations* and *Employment Expectations*. It is important to note this should be as detailed as possible. Please make sure to select all applicable options throughout this portion of the enrollment.

[\[General\]](#) [\[Expectation\]](#) [\[Education\]](#) [\[Degree\]](#) [\[Certificate\]](#) [\[Employment\]](#) [\[Household & Income\]](#) [\[Work Readiness\]](#) [\[Barriers\]](#) [\[Criminal Background\]](#) [\[Tests\]](#) [\[Referrals\]](#)

### Program Expectations

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\* Are you seeking immediate employment

Yes  No

\* What services are you seeking

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enrolled at State Fair Community College to attend beginning on 10/17/2023. Client is in need of financial assistance to complete the program. Client plans to graduate from SFCC in 12/2023 with her certificate to be a CMT. The client has the basic skills to successfully complete CMT training and maintain employment as a CMT. She has the interest and aptitude to be successful in the field as verified with her Get My Future Interest Assessment results. The client is in need of financial assistance to pay for training and training related costs as she does into have the financial ability to pay for training and training related costs.

[\[ Clear Text \]](#)

### Note Example:

Client is interested in employment as a CMT; however, currently lacks the skills, education, and credentials to do so. Client needs training to obtain these requirements for employment. They are currently enrolled at State Fair Community College to attend beginning on 10/17/2023. They plan to graduate from SFCC in 12/2023 with their certificate to be a CMT. The client has the basic skills to successfully complete CMT training and maintain employment as a CMT. They have the interest and aptitude to be successful in the field as verified with the Get My Future Interest Assessment results. The client is seeking financial assistance to pay for training and training related costs as they do not have the financial ability to pay for training and training related costs.

*Please note, these examples are only examples of the information that should be in this assessment. Real notes should include similar information but may not be as long as those shown above. All notes should be comprehensive answers, as this is a comprehensive assessment; notes should describe participants situation in entirety.*

## Employment Expectations



Occupation 1 [Select Occupation](#)  
29-2099.00  
Health Technologists and Technicians, All Other

Occupation 2 [Select Occupation](#)  
31-9092.00  
Medical Assistants

Occupation 3 [Select Occupation](#)

Employment Type  
Regular

Full or Part Time  
Full Time (30 Hours or More)

Shift Preferences  
 1st  2nd  3rd  
 Rotating  Split Shift  Any

Desired Salary  
\$28.75 hourly (Approx. \$60,000 annually) or more

Desired Salary  
\$28.75 hourly (Approx. \$60,000 annually) or more

Benefits Needed  
 Health Insurance  Paid Vacation Time  
 Paid Sick Leave  Retirement/Pension

Longest Commute Distance (mi)

Job Search Assistance Requested  
 Help Getting Started in Job Search  Resume Assistance  
 Completing Job Applications  Interviewing Skills  
 Job Openings  Referrals to Employers

\* Desires Help in Career Planning  
 Yes  No

\* Seeking Training Services  
 Yes  No

Training Preferences

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

State Fair Community College, CMT program; client is enrolled and is set to begin class on 10/17/2023. . Client is in need of financial assistance to complete the program. Client plans to graduate from SFCC in 12/2023 with her certificate to be a CMT. The client has the basic skills to successfully complete CMT training and maintain employment as a CMT. She has the interest and aptitude to be successful in the field as verified with her Get My Future Interest Assessment results. The client is in need of financial assistance to pay for training and training related costs as she does into have the financial ability to pay for training and training related costs. Obtaining

[\[ Clear Text \]](#)

### Complete Note Example:

State Fair Community College, CMT program; client is enrolled and is set to begin class on 10/17/2023. Client plans to graduate from SFCC in 12/2023 with their certificate to be a CMT. The client needs financial assistance to pay for training and training related costs. Obtaining this credential will allow the client to obtain employment as a CMT which would allow for self-sufficiency and allow the client to become free from public assistance.

**Seeking Post-secondary Education (Youth)**

**Post-Secondary Preferences**

Yes  No

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

State Fair Community College, CMT program; client is enrolled and is set to begin class on 10/17/2023. Client plans to graduate from SFCC in 12/2023 with her certificate to be a CMT. The client has the basic skills to successfully complete CMT training and maintain employment as a CMT.

[\[ Clear Text \]](#)

**Other Assistance Expected**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

After finishing this information, select "Next". The next screen will take you to the "Education" tab.

## Education

In this section, enter information relating to *Education History* and *Basic Skills/Education Factors*. It is important to note this should be as detailed as possible. Please make sure to select all applicable options throughout this portion of the enrollment.

### Education History

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**Highest Grade Completed**

1 Year at College or a Technical or Vocational School

**Currently Enrolled in School**

Yes, Attending College or a Technical or Vocational School

**Education History Assessment Summary**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client does have their high school diploma and less than one semester at a post-secondary school. The client's current level of education (secondary school equivalency and some college) is not sufficient for the client to obtain employment as a CMT. They must continue their education to obtain a certificate as a CMT.

[\[ Clear Text \]](#)

### Basic Skills / Education Factors

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- High School Dropout
- Basic Skills Deficient
  - Reading below 9th Grade
  - Math below 9th Grade
  - Language Below 9th Grade
  - Literacy
  - Non-Reader

Lacks Computer Skills

Primary language spoken at home:

- Needs interpretation services
- Limited English Proficiency
- Currently Enrolled in ABE/Literacy or ESOL
- Behind Grade Level for Age (Youth Only)
- Financial Aid

- Needs a Free Application for Federal Student Aid (FAFSA)
- Pell Grant
- Monetary Award Program (MAP) Grant
- Other Financial Aid

**Basic Skills / Education Factors Assessment Summary**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Program is not PELL eligible and is not eligible for other financial aid.  
Client has HS diploma.

**REMINDER:** There should not be any blanks in this assessment. If there is a section that does not apply, please note “Not at this time”, “None at this time”, “Not applicable at this time” or something similar.

After finishing this information, select “Next”. The next screen will take you to the “Degree” tab.

## Degree

In this section, enter information relating to any “Degrees”, a participant may have.

### Degrees

| Degree | Issuing Institution | Completion Date | Action |
|--------|---------------------|-----------------|--------|
|--------|---------------------|-----------------|--------|

[\[Add a New Degree\]](#)

- 

After finishing this information, select “Next”. The next screen will take you to the “Certificate” tab.

## Certificate

In this section, enter information relating to any “Certificates”, a participant may have.

### Certificates

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| Certificate License                         | Organization         | Completion Date | Action  |
|---|----------------------|-----------------|---|
| <a href="#">Certified Nursing Assistant</a> | unknown at this time | 05/2009         | <a href="#">Edit</a>   <a href="#">Delete</a> |

[\[Add a New Certificate\]](#)

<< Back   Cancel   Print   Finish   Next >>

After finishing this information, select “Next”. The next screen will take you to the “Employment” tab.

## Employment

In this section, enter information relating to *Occupational Transferable Skills and Employment History*. If the participant’s Employment History was entered in a different area, for example within the Resume, those will show up here automatically.

### Occupational Transferable Skills

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Summary of Skill Assessment

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client is currently employed at Summit Villa Nursing Home. She has previous experience of being a CNA and Direct Support Staff. The client has occupational skills from previous employment including patient care, handing out medications, customer and personal service, money handling, time management, sales experience, maintaining clean a work environment, meeting deadlines, and dietary needs of patients. The client currently lacks the skills and knowledge to become a CMT at this time. Client will need the following skills: Prepare and administer medications as directed by a physician, authorize drug refills and provide prescription information to pharmacies, collect blood, tissue, or

[\[ Clear Text \]](#)

#### Summary of Skill Assessment Note Example:

Client is currently employed at Nursing Home. They have previous experience of being a CNA and Direct Support Staff. The client has occupational skills from previous employment including patient care, handing out medications, customer and personal service, money handling, time management, sales experience, maintaining clean a work environment, meeting deadlines, and dietary needs of patients. The client currently lacks the skills and knowledge to become a CMT at this time. Client will need the following skills: Prepare and administer medications as directed by a physician, authorize drug refills and provide prescription information to pharmacies, collect blood, tissue, or other laboratory specimens, log the specimens, and prepare them for testing and more.

## Employment History

| Employer                     | Start/End Dates   | State | Action  |
|------------------------------|-------------------|-------|---|
| <a href="#">Summit Villa</a> | 09/2023 - Present | MO    | <a href="#">Edit</a>   <a href="#">Delete</a> |

[\[Add a New Employment History\]](#)

<< Back   Cancel   Print   Finish   Next >>

After finishing this information, select “Next”. The next screen will take you to the “*Household & Income*” tab.

## Household & Income

In this section, enter information relating to *Household & Income*. **Please note:** if your screen is showing the red messages below, you will not be able to enter any information here. If this is the case, just choose Next at the bottom of the screen.

### Household & Income

Information collected on this screen will NOT be included in print form.

You are in VIEW ONLY mode.

| Name | Relationship | Age | Income Source    | Annualized Income |
|------|--------------|-----|------------------|-------------------|
|      |              |     | Annualized Total | \$0.00            |

Household & Income Summary

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

The next screen will take you to the “*Work Readiness*” tab.

## Work Readiness

In this section, enter information relating to *Work Readiness* and *Workplace Behavior*. It is important to note this should be as detailed as possible. Please make sure to select all applicable options throughout this portion of the enrollment.

### Work Readiness

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Number of Children under 18

5

**Dependent Care Needs**

- Child Care
- Special Needs Child
- Adult Care
- Not at This Time

**Dependent Care Comments:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

5 children in the home at this time, no dependent care is needed at this time.

**Transportation**

Driver's License:

- Has a Valid License
- Does not have a License
- Suspended
- Restrictions
- DUI

Driver's License Endorsements:

- Air Brakes
- Hazardous Materials
- Tankers
- Passenger Vehicles
- School Bus
- Double and Triple Trailers
- Two or Three-wheeled Motorcycles
- Private Vehicle class
- Combination Hazardous Materials and Tanker Vehicles
- No Endorsements
- City Government Vehicles

Automobile:

- Owns Automobile
- Auto Needs Repair
- Lacks Automobile Insurance
- Cannot Afford Gasoline
- Automobile Impounded
- Automobile Repossessed
- Access to Dependable Automobile
- Access to Public Transportation
- Relies on Public Transportation
- Not at this Time

**Contacts**

- Telephone in Home
- Access Telephone (Neighbor/Other)
- Adequate Contact Person(s)

- Transient History
- Not at this time

**Work Attire**

- Uniforms
- Interviewing Clothes
- Needs Work Tools/Equipment

**Emergency Food/Nutritional Needs**

**Work Readiness Summary:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client has a vehicle at this time and car insurance, a phone in the home, and is not in need of assistance with any work or school attire at this time. Client is receiving nutrition assistance from SNAP at this time.

## Workplace Behavior

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**Motivational Factors Affecting Employment**

- Negative Work Attitude
- Punctuality Issues
- Attendance Problems
- Co-Worker Relations Issues

**Career Decision Making (Clearly defined goals/plans)**

**Interviewing Skills**

- Difficulty Making Positive First Impression
- Negative Attitude
- Proper Interview Attire
- Need to Improve Communication Skills
- Research Labor Market Information (LMI)
- Questions for Interviewer
- Preview List of most common Q&A's
- References
- Verbally explain work experience and skills

**Resume**

- Has Acceptable Resume
- Resume Requires Revision
- Does not Have Resume
- Unable to Identify/Communicate Transferable Skills

**Application Completion**

- Lacks Thoroughness
- Needs to Address Sensitive Issues (i.e. Criminal Record)
- Neatness
- Difficulty Summarizing Skills/Work History

**Appearance/Hygiene Issues**

**Needs to Learn how to use Labor Market Information**

**Workplace Behavior Assessment Summary:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

After finishing this information, select “Next”. The next screen will take you to the “Barriers” tab.

## Barriers

In this section, enter information relating to *Health & Behavioral Observations, Living Environment, Economic Factors/Financial Situation, Vocational/Occupational Factors, Other Assistance Received, Barriers to Employment, and Access Assessment*. It is important to note this should be as detailed as possible. Please make sure to select all applicable options throughout this portion of the enrollment.

### Health & Behavioral Observations

Health

- Lacks Medical Insurance Coverage
- Disclosed Disability
- Needs Glasses
- Needs Dental Work
- Speech Impairment
- Cannot Afford Medication
- Reasonable Accommodation Required
- Limitations in Ability to Work Certain Jobs
- Health has been cause for Absences from Job
- Pending Surgery or Medical Leave
- Not at this time

Behavior

- Demonstrates Low Self-Esteem
- Demonstrates Behavioral Problems
- Requires Medication
- Disclosed Disability
- Required Therapy/Treatment
- Not at this time

Substance Abuse

- Seeks Referral for Treatment
- Failed Drug Test
- Not at this time

**Health & Behavior Observations Assessment Summary:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client lacks medical insurance currently. Nothing else to report at this time.

[\[ Clear Text \]](#)

## Living Environment

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**Housing**

- Homeless
- Residing in Shelter
- Facing Possible Eviction
- Substandard Living Conditions
- Needs Energy Assistance
- Resides in Public Housing
- Not at this time
- At risk of becoming homeless

**Home Life**

- High Risk Family/Living Situation
- Lacks Family Support System
- Victim of Domestic Violence
- Not at this time

**Living Environment Assessment Summary:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

## Economic Factors / Financial Situation

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**Credit/Financial**

- Bankruptcy
- Poor Credit History/Bad Debts
- Needs Money Management Services
- Needs Consumer Credit Counseling Services
- Inability to be Bonded
- Defaulted Student Loan
- Not at this time

**Economic Factors/Financial Situation Assessment:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

## Vocational / Occupational Factors

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- Obsolete Work Skills
- License Expired/Revoked
- Union Dues in Arrears

**Vocational/Occupational Factors Assessment**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

## Other Assistance Received

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**Public Assistance**

- Temporary Aide to Needy Families (TANF)
- Supplemental Nutritional Assistance Program (SNAP)
- Housing
- SSI
- Foster Care
- Medicaid
- Not at this time

**Partner Services**

- Adult Education
- Job Corps
- MSFW
- Native American
- Veterans
- TAA
- NAFTA/TAA
- Vocational Education
- Vocational Rehabilitation
- Wagner-Peyser
- Community Services Block Grant
- HUD
- Older Workers
- Food Stamp Employment and Training Activities
- Other

**Other Assistance Received Assessment:**

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client is receiving SNAP at this time and is dual enrolled in WP and Skill Up.

## Barriers To Employment

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- Lacks Significant Work History**
- Sporadic or Limited Work History**
- Restricted Commuting Distance**
- Restricted Work Schedule**
- Unrealistic Wage**
- Legal Issues**
  - Ex-Offender
  - Currently on Probation
  - Existing/Pending Workers Compensation Claims
  - Pending Court Appearances
  - Court Ordered to Pay Child Support
  - Wage Garnishment

- Single Parent
- Displaced Homemaker
- Pregnant or Parenting Youth
- Runaway Youth
- LWIA Designated Barrier
- Other (Specify in Comments)
- No Barriers to Employment/Work Readiness Issues

## Access Assessment

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To better assist the individual, which of the following tasks are difficult to perform independently in daily life. (Must be voluntarily offered)

- Chose not to Answer
- None
- Seeing
- Hearing
- Talking
- Using hands
- Getting around
- Interacting with others
- Learning or thinking
- Other (specify)

Individual needs the following assistance for program participation or employment (select all that apply)

- Chose not to Answer
- None
- Wheelchair accessible facilities
- Other (specify)
- Assistance with writing
- Audiotaped materials
- Flexibility (e.g. in hours)
- Materials in Braille
- Materials in electronic format
- Materials in large print

- Meeting reminders
- Notetakers for regular meetings
- Personal coaching
- Scent free environment
- Screen magnifier
- Screen reader
- Interpretation (including sign language)
- Considerations for medication
- Alternative seating arrangements
- TTY/Text Display Device
- Videophone

### Employment Barriers Assessment Summary:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

None at this time.

After finishing all the information on this section, select "Next". The next screen will take you to the "Criminal Background" tab.

## Criminal Background

In this section, enter information relating to *Criminal Background, Arrests, and Convictions*. Please note if your screen is showing the red messages below, you will not be able to enter any information here. If this is the case, document the information in the individual's paper file and choose Next at the bottom of the screen.

### Criminal Background

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Responses to the following items must be completely voluntary and confidential. This information is only used to determine need for additional services or resources in support of training and employment goals.

Information collected on this screen will NOT be included in print form.

You are in VIEW ONLY mode.

### Arrests

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Arrests:

Conviction:

Current status of arrest:

- None
- Formerly incarcerated (not on parole)
- On probation
- On parole (adult)/aftercare (juvenile)
- Under supervision
- In work release program
- Living in halfway house/shelter care
- Evening reporting center
- Under house arrest/home confinement
- Under electronic monitoring
- Incarcerated
- Other (specify)
- Chose not to answer

### Convictions

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Conviction type(s):

- Misdemeanor
- Other
- Don't know
- Felony
- Both Misdemeanor & Felony

Have any convictions been:

None Selected

Most Recent Conviction:

(MM/DD/YYYY)

Date of Discharge of Sentence:

(MM/DD/YYYY)

Criminal Background Summary

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Keyboard shortcut F10, toggles between editor toolbar and edit field.

The next screen will take you to the "Tests" tab.

## Tests

In this section, enter information relating to any *Tests* the participant took during or for the enrollment. These can include the WorkKeys, an Aptitude test, Career Interest or Readiness testing etc. Make sure to summarize the results in the comment box as shown below.

### Tests

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#### [Basic Skills Assessment](#)

WorkKeys  
[Click Here](#)

#### [Other Testing](#)

- Aptitude
- Career Interest

#### Testing Results Comments:

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Client has the interest and aptitude to be successful in the field as verified with her Get My Future Interest Assessment results; she scored highest in Social, Enterprising and Conventional, both Social and Conventional are in alignment with being a CMT. Per acceptance letter into State Fair, client meets the requirements for admission into the CMT program.

After finishing this information, select “Next”. The next screen will take you to the final tab, the “*Referrals*” tab.

## Referrals

In this section, enter any referrals that are necessary. Many times, there will not be information to enter on this screen.

### Referrals

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| Agency Name                          | Result | Action |
|--------------------------------------|--------|--------|
| <a href="#">[Add a New Referral]</a> |        |        |

After any referrals are entered you will complete the assessment by selecting “Finish”.

