
EEDD ASSESSMENT COUNSELOR

DATE

SAN JOAQUIN COUNTY WORKNET/EEDD
CALWORKS/ASSESSMENT RESULTS

I. PERSONAL INFORMATION

Name: _____ SSN: _____

Address: _____

Telephone #: _____ Message #: _____

Date Referred to Assessment: _____

TANF Case #: _____

Length of Time on TANF: _____

Length of Time Unemployed: _____

Components Completed Prior to Assessment:

Date Completed:

II. EMPLOYMENT GOALS

	<u>OES TITLE</u>	<u>OES CODE</u>	<u>ENTRY WAGE</u>	<u>OUTLOOK</u>
1.	_____	_____	\$ /hr.	_____
2.	_____	_____	\$ /hr.	_____
3.	_____	_____	\$ /hr.	_____

III. SPECIAL CONSIDERATIONS

IV. EMPLOYMENT READINESS (See Attached Job Application)

V. RATIONALE FOR GOAL SELECTION

VI. SPECIFIC JOB SKILLS NEEDED FOR GOAL (See Attached)

- | | |
|---|--|
| A- <input type="checkbox"/> Labor Market Information | C- <input type="checkbox"/> JSS Target Summary |
| B- <input type="checkbox"/> Enhanced Guide for Occupational Exploration | D- <input type="checkbox"/> ERISS Summary |

VII. SPECIFIC JOB SKILLS TO BE LEARNED BY PARTICIPANT (See Attached)

VIII. ASSESSMENT RESULTS/EMPLOYMENT GOAL REQUIREMENTS (Attached)

Highest Interest Areas

- | | |
|-----------|-----------|
| (1) _____ | (3) _____ |
| (2) _____ | (4) _____ |

Highest Aptitude Areas

- | | |
|-----------|-----------|
| (1) _____ | (3) _____ |
| (2) _____ | (4) _____ |

Highest Values

- | | |
|-----------|-----------|
| (1) _____ | (3) _____ |
| (2) _____ | (4) _____ |

Supplementary Self-evaluation Survey

- (1) Self Esteem: _____ (2) Confidence: _____ (3) Personality: _____ (4) Attitude: _____

IX. ASSESSMENT RESULTS/EMPLOYMENT GOAL REQUIREMENTS

	Participant Level	Required for Goal Level	Goal Requires Special Consideration
Academic Codes			
Educational Needs (GED)	_____	_____	_____
English Proficiency	_____	_____	_____
Foreign Language _____	R _____	R _____	R _____
	W _____	W _____	W _____
	S _____	S _____	S _____

GED Level

	MOST RECENT CASAS	
	Date	Score
Math	_____	_____
Reasoning/Reading	_____	_____
Language	_____	_____

Aptitude Needed for Career Goal

	Participant Level	Required for Goal Level	Goal Requires Special Considerations
General Ability	_____	_____	_____
Verbal Ability	_____	_____	_____
Numerical Aptitude	_____	_____	_____
Spatial Ability	_____	_____	_____
Form Perception	_____	_____	_____
Clerical Perception	_____	_____	_____
Motor Coordination	_____	_____	_____
Finger Dexterity	_____	_____	_____
Manual Dexterity	_____	_____	_____
Color Discrimination	_____	_____	_____

ASSESSMENT RESULTS/EMPLOYMENT GOAL REQUIREMENTS (cont.)

Work Environment for Goal

	Participant Level	Required for Goal Level	Goal Requires Special Consideration
Inside	_____	_____	_____
Outside	_____	_____	_____
Wet	_____	_____	_____
Noise	_____	_____	_____
Fumes	_____	_____	_____
Odors	_____	_____	_____
Hot	_____	_____	_____
Cold	_____	_____	_____
Hazard	_____	_____	_____
Mists	_____	_____	_____
Dust	_____	_____	_____
Gases	_____	_____	_____
Poor Ventilation	_____	_____	_____

Tool Knowledge Required for Goal

(See Attachment) _____

Occupational Classification Needed for Goal

(The lower the number, the higher the level of skills required)

	Participant Level	Required for Goal Level	Goal Requires Special Consideration
Data	_____	_____	_____
People	_____	_____	_____
Things	_____	_____	_____

ASSESSMENT RESULTS/EMPLOYMENT GOAL REQUIREMENTS (cont.)

	Participant Level	Required for Goal Level	Goal Requires Special Consideration
<u>Temperament Codes</u>	_____	_____	_____
<u>Physical Requirements</u>			
Strength	_____	_____	_____
Near Acuity – 20” or less	_____	_____	_____
Far Acuity – 20” or more	_____	_____	_____
Depth Perception – 3 Dimensional	_____	_____	_____
Accommodation – Focus adjustment	_____	_____	_____
Field of Vision – Vision Range	_____	_____	_____
Walking	_____	_____	_____
Hearing/Talking	_____	_____	_____
Climbing/Balancing	_____	_____	_____
Stooping/Kneeling	_____	_____	_____
Crouching/Crawling	_____	_____	_____
Handling, Fingering, Feeling, Reaching	_____	_____	_____
Tasting Smelling	_____	_____	_____

X. EMPLOYMENT AND TRAINING PLAN

Suggested Activities to Reach Goal

Agency That Could Provide Service

 Hours

VESL

GED/Diploma

Adult Basic Education

Vocational Training

On-the-Job Training

Job Services

Work Experience

Community Service

Initial Supportive Services Identified

Agency That Could Provide Services

(1)	_____
(2)	_____
(3)	_____
(4)	_____
(5)	_____

I have been informed of vocational information regarding my chosen employment goal. This information includes the anticipated entry-level wage, working conditions, physical and mental demands of the occupation, working hours, and the career ladder for my chosen occupational goal in the San Joaquin County labor market.

I understand that the CALWORKS Program will provide appropriate training that will help me prepare for a job in my chosen occupational field and that I must participate in those programs.

I also understand that by accepting employment in my chosen field, I may incur additional expenses that I am not now experiencing. These could include childcare costs, transportation, and other work-related expenses. In addition, mandatory deductions, such as taxes and Social Security, may be taken from my gross earnings. Acceptance of a job offer may result in the loss or reduction in MediCal and Food Stamps, resulting in new expenses for you such as health care and food cost.

Participant's Signature

Date

Assessment Counselor

Date

III. SPECIAL CONSIDERATIONS (continued from page 1)

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.