

Assessment Report

Individual's name _____

Home phone number: _____ Cell Phone Number: _____

CID#: _____ Tier 1-PG 1 Tier 2- PG 2 or 3

List Previous Employment:

Employer	Job Title	Start Date	End Date	Wage	Reason for leaving

List educational institutions and/or training programs:

Name of School	City, State	Years	Degree/Diploma/Certificate

IPE Vocational Goal, if known: _____ Requested Weekly Work Goal (hours per week): _____

Individual's career interest(s) expressed during assessment:

Prospective Employer	Job(s) identified with employer

Summary of job skills as identified in the assessment process (Examples include: soft skills, customer service skills, typing skills (minimum 35 WPM), cashier skills, welding skills, etc.):

Supports needed: list all – job search training, digital/electronic resume writing and/or video résumé, interview skills, transportation, housing, childcare, money management, life skills management, clothing, shoes, etc.

Individual's comments regarding expectations of work:

Summary EC observations/comments from assessment:

For ER & JP only, submit Electronic Résumé with other required service documentation.

EC Name: _____ Date: _____