

Objective Assessment Summary - CalJOBS
 WIOA Adult/Dislocated Worker & Youth

*Indicates System Required Fields

Indicates Unchangeable Field

OBJECTIVE ASSESSMENT SUMMARY		
GENERAL		
SECTION	FIELD	DESCRIPTION
General Information	User Name	Unchangeable field
	User ID	Unchangeable field
	State ID	Unchangeable field
	*Program	Select WIOA
	*Application ID	Select open WIOA application number
	*LWIA	Select San Diego Workforce Partnership, Inc.
	*Office	Select YSP Office Location
	*Assessment Create Date	Select "Today"
	Attach Active Plan	Select "No"
	IEP ID#	Unchangeable if "No" is selected under "Attach Active Plan"
	*Age at Assessment	Pre-filled from WIOA Application
Residence Address	*Name	Pre-filled from WIOA Application
	*Address Line 1	Pre-filled from WIOA Application
	Address Line 2	Pre-filled from WIOA Application, if applicable
	*City	Pre-filled from WIOA Application
	*State	Pre-filled from WIOA Application
	*Zip Code	Pre-filled from WIOA Application
	*Primary Phone Number	Pre-filled from WIOA Application
	Alternate Phone Number	Pre-filled from WIOA Application, if applicable
	Fax Number	Pre-filled from WIOA Application, if applicable
*Email	Enter the contact email for the participant	
Alternate Contact	Alternate Contact	Enter the emergency/alternate contact information from the UPAF
Staff	Staff User ID	Unchangeable field
	*Date Completed	Select the date the Objective Assessment Summary has been completed (within 30 days of enrollment) Note: This should match the date of the Objective Assessment activity code.
	Overall Note	Skip this field
Individual Signature	Create PDF	Do not check
	Include Staff Signature	Check this box
EXPECTATION		
SECTION	FIELD	DESCRIPTION
Program Expectations	*Are you seeking immediate employment	Select the appropriate response. If the participant is employed at enrollment, select "No"

		If the participant is underemployed at enrollment, select "Yes"
	*What services are you seeking	This should describe the types of program services the participant is seeking including, but not limited to: immediate employment, employment retention, part-time seeking full-time, educational services (High School Diploma or enrollment into Post-Secondary), or both education and employment.
Employment Expectations	Occupation 1	This should include a pre-filled ONet code and Occupation Title that was entered on the WIOA application.
	Occupation 2	A minimum of one occupation must be entered
	Occupation 3	A minimum of one occupation must be entered
	Employment Type	If the participant is not seeking employment services, select "None Selected" otherwise select the appropriate response.
	Full or Part Time	If the participant is not seeking employment services, select "None Selected" otherwise select the appropriate response.
	Shift Preferences	<ul style="list-style-type: none"> ○ 1st - Standard work day (such as 9 a.m. - 5 p.m.). ○ 2nd - A work day that would generally begin after noon. ○ 3rd - A work day that would begin when the day shift leaves (i.e. the "graveyard" shift). ○ Rotating - A set combination of two different shifts (such as two weeks of day shift followed by two weeks of night shift). ○ Split Shift - A working shift divided into two or more periods of time, such as morning and evening, with a break of several hours between them.
	Desired Salary	If the participant is not seeking employment services, select "None Selected" otherwise select the appropriate response.
	Benefits Needed	Select all that apply.
	Longest Commute Distance	Estimate the longest commute distance the participant is willing to travel for employment.
	Job Search Assistance Requested	Required if the participant is seeking employment. Select all that apply.
	*Desires help in career planning	"Yes" should be selected if the participant will be enrolled under career exploration activity codes listed in the most current Activity Code Dictionary
	*Seeking training services	"Yes" should be selected if the participant will be enrolled under training activity codes
*Training Preferences	If "No" is selected under seeking training preferences, enter "N/A"	

		If “Yes” is selected under seeking training preferences, describe the type of employment training the participant is seeking.
	Seeking Post-secondary education (Youth)	Select “Yes” if the participant may enroll in post-secondary throughout the duration of the program.
	Post-secondary preferences	If “No” is selected under “Seeking Post-secondary education”, enter “N/A” If “Yes” is selected under seeking “seeking Post-secondary education,” describe the type of post-secondary education (4-year, 2 year, full time, part time) the participant is seeking.
	Other assistance expected	Enter additional information, if applicable
EDUCATION		
SECTION	FIELD	DESCRIPTION
Education History	Highest Grade Completed	Pre-filled from WIOA Application
	Currently enrolled in school	Pre-filled from WIOA Application
	*Education History Assessment Summary	Describe the participant’s education history, including last known school attended and relevant information regarding completion of High School Diploma (including credits needed), if applicable.
Basic Skills/ Education Factors	High School Dropout (OSY only)	Check if the participant does not have a high-school diploma or equivalent, regardless if this is being used as the eligibility barrier
	Basic Skills Deficient	Check all that apply if the participant pre-tested as BSD on the CASAS or TABE. Enter the pre-test scores in the Literacy/Numeracy section.
	Lacks computer skills	Check if applicable
	Primary language spoken at home	Select the appropriate response
	Needs interpretation services	Check if applicable
	Limited English Proficiency	Check if applicable. Can be used to self-report basic skills deficient for objective assessment only.
	Currently Enrolled in ABE/Literacy or ESOL	Check if applicable
	Behind Grade Level for Age (Youth Only)	Check if applicable
	Financial Aid	Check if the participant is receiving financial aid for education or is seeking assistance with financial aid
	*Basic Skills/ Education Factors Assessment Summary	Provide a summary of the participant’s basic skills assessment, including if they have been tested for BSD, and what test was used to determine the answers

		provided, or if it was self-reported/observed for objective assessment only.
DEGREE		
SECTION	FIELD	DESCRIPTION
Degrees	Add A New Degree	Provide degree information only if the participant has a post-secondary degree or higher, otherwise, skip this section
CERTIFICATE		
SECTION	FIELD	DESCRIPTION
Certificates	Add A New Certificate	Provide certificated information only if the participant has an industry recognized certificate license (Examples: CNA, Dental Assistant, Truck Driving, Restaurant Management, etc) otherwise, skip this section
EMPLOYMENT		
SECTION	FIELD	DESCRIPTION
Occupational Transferable Skills	*Summary of Skill Assessment	Describe the participant’s skills as it relates to their desired occupation. If the participant has no occupational transferable skills, write “N/A”
Employment History	Add New Employment History	Provide any employment within the last 5 years. If the participant has no employment history, skip this section.
WORK READINESS		
SECTION	FIELD	DESCRIPTION
Work Readiness	Number of children under 18	Enter the number of children the participant is parenting Enter “0” if the participant is not legally responsible for a child.
	Dependent Care	Check all that apply if the participant is looking for dependent care. Must match with the IEP/ISS and supportive services requested.
	*Dependent Care Comments	Describe the participant’s dependent care situation - this may include a self-report of parenting siblings, cousins, grandparents, parents, etc. If the participant is not responsible to the care of a child under 18 or the care of an adult, enter “N/A”
	Transportation - Driver’s License	Check the appropriate response(s). Must match with the IEP/ISS and supportive services requested.
	Transportation - Driver’s License Endorsements	Check the appropriate response(s)
	Transportation - Automobile	Check the appropriate response(s). Must match with the IEP/ISS and supportive services requested.
	Contacts	Check the appropriate response(s)
	Work Attire	Check the appropriate response(s). Must match with the IEP/ISS and supportive services requested.
	Emergency Food/ Nutritional Needs	Check, if applicable

	*Work Readiness Summary	Describe what obstacles or issues the individual might face that will affect their work readiness, including transportation, dependent care, work attire, access to food, etc. This must include requests for supportive services. If no obstacles are reported, enter "N/A"
Workplace Behavior	Motivational Factors Affecting Employment	Check, if applicable
	Career Decision Making	Check, if the participant has clearly defined goals/career plans
	Interviewing Skills	Check the appropriate responses of the assessment/self-report of the participant's interview skill needs/obstacles
	Resume	Check the appropriate responses of the assessment/self-report of the participant's resume needs/obstacles
	Application Completion	Check the appropriate responses of the assessment/self-report of the participant's application completion needs/obstacles
	Appearance/Hygiene issues	Check, if applicable
	Needs to learn how to use Labor Market Information	Check, if applicable
	*Workplace Behavior Assessment Summary	Describe what obstacles or issues the individual might face that will affect their workplace behavior, including behavioral/motivational factors, interviewing/resume/application skills, and any issues with appearance/hygiene, etc. This must include requests for supportive services. If no obstacles are reported, enter "N/A"
BARRIERS		
SECTION	FIELD	DESCRIPTION
Health & Behavioral Observations	Health	Check the appropriate response(s)
	Behavior	Check the appropriate response(s)
	Substance Abuse	Check the appropriate response(s)
	*Health & Behavior Observations Assessment Summary	Describe any health or behavioral obstacles or issues the individual might face that will affect their employment/training. If none, type "N/A"
Living Environment	Housing	Check the appropriate response(s)
	Home Life	Check the appropriate response(s)
	*Living Environment Assessment Summary	Describe any living environment obstacles or issues the individual might face that will affect their employment/training. If none, type "N/A"
	Credit/Financial	Check the appropriate response(s)

Economic Factors/ Financial Situation	*Economic Factors/ Financial Situation Assessment	Describe any economic factors or financial situation obstacles or issues the individual might face that will affect their employment/training. If none, type "N/A"
Vocational/ Occupational Factors	Obsolete Work Skills	Check if the participant has skills irrelevant to their career goals/plan as developed on the IEP/ISS
	License Expired/ Revoked	Check if the participant has an expired/revoked license other than a Driver's License.
	Union Dues in Arrears	Check if the participant s part of a union and has not paid their dues
	*Vocational/Occupational Factors Assessment	Describe any vocational or occupational obstacles or issues the individual might face that will affect their employment/training. If none, type "N/A"
Other Assistance Received	Public Assistance	Check the appropriate response(s)
	Partner Services	Check the appropriate response(s)
	*Other Assistance Received Assessment	Describe other assistance or partner programs the participant is currently receiving or enrolled in. If none, type "N/A"
Barriers to Employment	Lacks Significant Work History	Check if the participant has no work history
	Sporadic or Limited Work History	Check if the participant has less than 2 jobs entered under previous employment
	Restricted Commuting Distance	Check if the participant is limited to commuting under 5 miles from their residence
	Restricted Work Schedule	Check if the participant cannot work either 5 hours per day or if they cannot work certain hours in a day.
	Unrealistic Wage	Check if the participant is currently employed, but earning an unrealistic wage (underemployed)
	Legal Issues	Check the appropriate response(s)
	Single Parent	Check only if the participant previously entered "dependent care under 18" and they are parenting alone.
	Displaced Homemaker	Check if the participant meets the definition of a displaced homemaker
	Pregnant or Parenting Youth	Check if the participant entered dependent care under 18 or if they are currently pregnant
	Runaway Youth	Check if the participant meets the definition of a runaway youth
	LWIA Designated Barrier	Check if the youth has a barrier to employment that has been locally defined
	Other (Specify in Comments)	Skip this box

	No Barriers to Employment/ Work Readiness Issues	This should not be checked since every youth needs at least one barrier to employment for eligibility.
Access Assessment	To better assist the individual, which tasks are difficult to perform	Check the appropriate response(s)
	Individual needs the following assistance for program participation or employment	Check the appropriate response(s)
	*Employment Barriers Assessment Summary	Describe any barriers to employment the individual might face that will affect their employment/training. Include specific locally defined barriers, if applicable. If none, type "N/A"
TESTS		
SECTION	FIELD	DESCRIPTION
Tests	Basic Skill Assessment	Enter the type of test given, test name, score/results, and test version. Enter Literacy/Numeracy Records in the Literacy/Numeracy Section if the results of the test determined the participant is Basic Skills Deficient.
	Other Testing	Select from list, if applicable
	Aptitude	Check if the participant was given an aptitude test
	Career Interest	Check if the participant was given a career interest test
	*Testing Results Comments	Describe the tests given to assess the participant, including the names and dates that the tests were given. If no tests were given, enter "N/A"
REFERRALS		
SECTION	FIELD	DESCRIPTION
Referrals	Add a New Referral	Provide referral Information only if the participant is referred to an outside agency for required program services, otherwise, skip this section.