

Skills Assessment

This assessment is to help us learn about your basic computing; problem solving; and English reading, writing, and speaking skills so we may provide appropriate services.

Customer Name:

Customer/OSOS ID:

- a. Do you have a high school diploma (HSD) or High School Equivalency (HSE) (e.g., GED or TASC)? Yes No Currently in high school (Does not include HSE programs)
- b. Can you follow basic written instructions and diagrams with little or no help? Yes No
- c. Can you fill out basic medical forms and job applications? Yes No
- d. Without the help of a calculator, can you add, subtract, multiply, and divide with whole numbers up to 3 digits? Yes No
- e. Can you do basic tasks on a computer, which does not include the use of a cell phone (e.g., search for files, upload/download documents or use the internet)? Yes No
- f. Can you use business computer software (e.g., email or word processing such as Microsoft suite, spreadsheets)? Yes No
- g. Do you speak and read English well enough to obtain and maintain a job that requires English? Yes No

Customer Signature: _____ Date Signed: _____

Staff Use Only:

Was the individual able to complete the Skills Assessment without help? Yes No

Name of Career Navigator/Counselor:

Career Navigator/Counselor Signature: _____

Date Signed: _____

Staff Instructions for Use of the Basic Skills Assessment

- Use a safe tone and create a setting for potentially sensitive information.
- Manage expectations for the customer and ensure they know in advance what to expect during the assessment.
- Allow the customer ownership of the process. Show them that they have choices in the process and how this is an opportunity for them to learn more about themselves.
- Let the customer complete the assessment independently with minimal help.
- When discussing the results and next steps, adopt a strengths-based approach. Acknowledge the achievements and do not allow the focus to be solely on the deficiencies.
- Use the process to connect with the customer.

Staff Use Only

Customer/OSOS ID:

Staff Name:

For WIOA program(s), select yes or no:	Yes	No
1. Is any question on the Basic Skills Assessment answered “No”? (Questions a. through g. on page 1)	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the customer need help to complete the Basic Skills Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the customer an English Language Learner?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to questions 1, 2, or 3 is “Yes”, check the box to the right. This customer would benefit from improving basic skills and is categorized as Basic Skills Deficient for WIOA Services.

Note:

- **Adult Program:**

Customers with basic skills deficiency will be included in the Adult Priority of Service (APoS) population measure.

- **Out-of School Youth Program:**

Youth (ages 16-24), not attending school per WIOA, must have a HSD/E, basic skills deficiency, and be low-income (per the designated barrier criteria B-8 on the [NYS DOL Youth Eligibility Brief](#)), to be eligible for the WIOA Out-of-School Youth Program.