

Stepping Stones to Success

MY NAME DATE / /
MY SIGNATURE PHONE

1 What is your overall stress level right now? (FILL IN A CIRCLE)

I am VERY stressed!	0	0	0	0	0	I am not stressed at all.
				0		

Where do you feel you currently are in these areas of life? (Fill in a circle in each Pathway row)

		AREA OF SIGNIFICANT NEED	AREA OF NEED	STABLE, BUT COULD IMPROVE	THRIVING	"Growing and doing well"
Housing	I do not have housing, or my housing is not safe.	0	0	0	0	I have stable and safe housing.
Transportation	l have no transportation.	0	0	0	0	I have reliable transportation and a back up plan.
Personal Well-Being	My personal well-being or my mental health needs my attention.	0	0	0	0	I am doing well, am mentally healthy, and am fully able to work.
Family Well-Being	Family challenges interfere with my progress, or I have no child care.	0	0	0	0	My family is well and I have safe, reliable child care (as needed).
Social Support	I don't have good friends.	0	0	0	0	I have good friends I can trust
Financial Health	I do not have enough money to cover my basic needs.	0	0	0	0	I have enough money to cover my basic needs and am able to save some money too.
Legal	My legal history or involve- ment with the court system is holding me back.	0	0	0	0	I have no current legal issues.
Education/ Training	My education is off-track and I don't know how to get it back on track.	0	0	0	0	My education is on track and I am gaining the skills I need.
Career Path	I don't' know what my career path looks like, where to start, or have experience.	0	0	0	0	I know what I want my career path to look like and I am making progress toward it.

What do you hope to get out of this program? What is your hope for today's meeting?

Do we need to update any of your information? (Example: address, phone number, email, employment, etc.)

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Prior work experience (includes military or volunteer experience)? O YES O NO If YES, please describe.

6 What is your current level of education?

Do you have transportation, child care, housing, clothing and other supports needed to enter your chosen career? O YES O NO If NO, what help do you need?

8 What interests you?

9 What skills or talent do you have?

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Parent or guardian signature



10	What are your strengths?				
n	What careers are you interested in?				
Stepping Stones to Success - Release of Information					
about	my approval for Ohio Job and Family Services (JFS) staff, OhioMeansJobs Center staff, and partner ag me for services to be provided to me by all programs administered via the JFS, OhioMeansJobs Cented above is true and accurate, and I understand that the above information, if misrepresented, or incomples and/or penalties as specified by law.	r, and/or partner agencies. I attest that the information			
–––– Partic	ipant signature	 Date			

Note: As part of the new CCMEP program(s) in which you are participating, JFS is working with an independent evaluator (Ohio State University) to study the effectiveness of the program(s) and services being offered and to learn more about employment outcomes, including job placement. Ohio State University may contact you to gather information about your occupation, wages, working hours, and other feedback. The purpose of this contact will be to help JFS improve its program(s) and services. Your participation in the evaluation will be voluntary and any personal, identifying information about you that is obtained or shared by Ohio State University will be kept confidential.

Date

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