**HVRP Participant Assessment**

**Participant Name:** [Type here] **Assessment** **Date:** 5/18/2021

**Education and Training**

What is the highest level of education you have completed?

[ ]  Some School

[ ]  GED

[ ]  High School Diploma

[ ]  Some College

[ ]  Associate Degree

[ ]  Bachelors Degree

[ ]  Graduate Degree

Name of highest degree earned: Choose an item. Date earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in furthering your education? Yes [ ]  No [ ]

If yes, please list your educational goals:

Have you ever (currently or in the past) utilized GI benefits for education or training? Yes [ ]  No [ ]

If yes, please explain:

What were your favorite subject(s) in school? Why?

What were your least favorite subject(s) in school? Why?

What was your MOS in the military? \_\_\_\_\_\_\_\_

 Describe the functions of your military job:

Did you receive any specialized training in the military? Yes [ ]  No [ ]

 If yes, please describe:

List any other training, certifications, or licenses (I.E. CDL, Forklift operator, computer, healthcare, etc.):

 Current:

 Past:

Is there any training you are interested in acquiring? Yes [ ]  No [ ]

 If yes, please describe:

**Employment and Career**

What kind of work are you interested in?

Why do you want to work?

What past job(s) did you like the most? What did you like about it?

What past job(s) did you like the least? What about the job did you dislike or find challenging?

What are your biggest concerns about working?

Have you ever been disciplined or released from a job due to poor attendance or job performance?
Yes [ ]  No [ ]

 If yes, please explain:

On a scale of 0–10 what is your skill and comfort level with computers and technology?

Do you have a current resume? Yes [ ]  No [ ]

 Do you need help creating a resume? Yes [ ]  No [ ]

Do you need childcare assistance while seeking or after obtaining employment? Yes [ ]  No [ ]

 If yes, please explain:

**Legal Background**

Have you pled guilty or no contest or been convicted of a felony? Yes [ ]  No [ ]

 Misdemeanor? Yes [ ]  No [ ]

 If yes, list types of convictions and dates:

Have you been convicted of any of the following (check all that apply)?

 [ ]  DWI/DUI [ ]  Drug Offense [ ]  Sexual Offense

Are you currently on probation? Yes [ ]  No [ ]  Parole? Yes [ ]  No [ ]

Parole/Probation officer name and contact information:

**Health**

Do you have a disability or physical limitations? Yes [ ]  No [ ]

 If yes, please describe:

 Are you receiving disability benefits? Yes [ ]  No [ ]  Application in progress [ ]

Type of benefit: [ ]  VA [ ]  SSI [ ]  SSDI

Percentage: [ ]  10-20% [ ]  30-60% [ ]  70-100%

 If no, are you considering applying for disability benefits? Yes [ ]  No [ ]

Are you currently using alcohol? Yes [ ]  No [ ]  If yes, how often?

Are you currently using drugs? Yes [ ]  No [ ]  If yes, how often?

Are you currently receiving mental health counseling or treatment? Yes [ ]  No [ ]

 If yes, please describe:

In the past have you ever (check all that apply):

[ ]  used alcohol [ ]  used drugs [ ]  received treatment for mental health or substance use

If yes, please describe:

### Signatures:

*Notes*