Full Legal Name: __________________________________________________________________________ Date: ________________

Please provide the information below to help us identify your needs, goals, and ways we may be able to help you.

1. What educational, career, financial, personal, or other goals do you want to accomplish through this program?
   a. ________________________________________________________________________________
   b. ________________________________________________________________________________
   c. ________________________________________________________________________________

2. Why do you want to achieve these goals?

3. What do you think are your biggest challenges/barriers to achieving these goals?

4. What, if anything, made it challenging for you to be successful in school in the past?

5. What, if anything, made it challenging for you to be successful at work in the past?

6. What motivates you to do your best at work and/or school every day?

7. What strength or characteristic do you possess that makes you a great employee?

8. What qualities or resources do you possess that will help you be successful in accomplishing your goals?

9. Please describe your typing and computer skills.

10. How many applications/resumes have you submitted each week (average) since your job ended?
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a valid driver’s license?</td>
<td></td>
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<tr>
<td>Do you have daily access to a vehicle?</td>
<td></td>
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<tr>
<td>Do you usually have money for gasoline &amp; insurance?</td>
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<tr>
<td>Is the bus your primary means of transportation?</td>
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<tr>
<td>Do you have adequate food and housing?</td>
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<tr>
<td>Do you need child care funding?</td>
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<tr>
<td>Do you have adequate personal/work clothing?</td>
<td></td>
<td></td>
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<tr>
<td>Is your family supportive of you and your goals?</td>
<td></td>
<td></td>
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<tr>
<td>Do you need accommodations (e.g. modified breaks) or assistive technology (e.g. backrest) at school/work?</td>
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<tr>
<td>Do you expect to move in the next 6 months or less?</td>
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</tr>
</tbody>
</table>

**Which of these services do you hope to receive from this program now and/or in the future?**

- _____ Help with career planning
- _____ Support while I pursue my goals
- _____ Funding for training
- _____ Help with job market research
- _____ Help with college admission process
- _____ Help with decision-making
- _____ Job interview preparation
- _____ Help completing job applications
- _____ Resume writing assistance
- _____ Info about online job seeking
- _____ Help finding job openings
- _____ Assistance with personal/family issues

**If you have already started or been accepted into a specific training program, provide details below:**

School: ____________________________________________ Program: _______________________

Start date: ___________________________ Expected Graduation Date: ________________

**Questions and/or additional information you would like to provide:**

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________