

# SCSEP Participant Assessment

## Part One

Participant's Name \_\_\_\_\_

Date Assessment Completed \_\_\_\_\_

Interviewer/Evaluator \_\_\_\_\_

Date of Previous Assessment (if any) \_\_\_\_\_

**I. Goal(s):**      ☐ Employment      ☐ Job Skills Training      ☐ Community Service      ☐ Other

Specific Goal: \_\_\_\_\_

**II. Availability and Preferences:**      ☐ Full-Time      ☐ Part-Time  
   ☐ Days      ☐ Evenings      ☐ Weekends

Acceptable wage for unsubsidized job: \_\_\_\_\_

Income limit? \_\_\_\_\_

Desired location for unsubsidized job: \_\_\_\_\_

Transportation:      ☐ own car      ☐ other's car      ☐ bus      ☐ other

Medical restrictions? \_\_\_\_\_

Functional limitations? \_\_\_\_\_

Other limiting factors (e.g., family obligations)? \_\_\_\_\_

**III. Educational Background/Aptitudes:**      Highest grade completed: \_\_\_\_\_

Above average/average aptitudes: \_\_\_\_\_

Areas of special interest/abilities: \_\_\_\_\_

**IV. Employment History:** Most recent job held: \_\_\_\_\_

How long? \_\_\_\_\_

Skills needed in most recent job: \_\_\_\_\_

Other Jobs Held

How Long?

Skills Needed?

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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**Other pertinent information** (*vocational training, volunteer experience, etc.*)

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*Participant's Signature*

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*Date*

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*Interviewer's Signature*

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*Date*