



**COUNTY OF LOS ANGELES YOUTH@WORK
INDIVIDUAL ASSESSMENT (IA) FORM**

Name	Date of Birth	Last 4 Digits of SSN		
Age	Phone	E-Mail		
CalWORKs GAIN/CalLEARN Yes: ____ No: ____				
Do you have any bank account? Yes: ____ No: ____				
Do you have health insurance? Yes: ____ No: ____				
Section B: Supportive Services				
Transportation		Work Clothing		Tools for Work
If Youth receives CalWORKs and has a GAIN Worker, please refer Youth to his/her GAIN Worker for Supportive Services.				
Section C: Past Work Experience				
From/To	Job Title	Duties		
Section D: Work-Related Interest and Preferences				
Do you like working indoors <input type="checkbox"/> or outdoors <input type="checkbox"/> ?		Other preference:		
Do you like working with children? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other preference:		
Do you like working with computers? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other preference:		
Section E: Skills and Aptitudes				
Please check all that apply.				
Office Equipment	Computer Programs	Clerical	Creative	Other
<input type="checkbox"/> Computer	<input type="checkbox"/> Word	<input type="checkbox"/> Keyboarding	<input type="checkbox"/> Drawing	<input type="checkbox"/> Gardening
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Excel	<input type="checkbox"/> Typing	<input type="checkbox"/> Painting	<input type="checkbox"/> Babysitting
<input type="checkbox"/> Calculator	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Phones	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Bilingual
<input type="checkbox"/> Copier	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Photography	Language:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Other skills/aptitudes:				
Section F: Service Plan				
<input type="checkbox"/> Paid Work Experience Anticipated Length:				
I have completed the information within this Individual Assessment and I have reviewed and understand the service in which I will participate as part of my involvement in the County of Los Angeles Youth@Work Program.				
Participant Signature:			Date:	
Staff Signature:			Date:	

**COUNTY OF LOS ANGELES YOUTH@WORK
INDIVIDUAL ASSESSMENT (IA) FORM INSTRUCTIONS**

Section A: Youth Information

Record the correct contact information and personal information of the youth.

Section B: Supportive Services

Record if Youth receives CalWORKs and has a GAIN Worker. Refer Youth to his/her GAIN Worker for Supportive Services.

Section C: Past Work Experience

Record any prior work experience beginning with the most recent experience.

Section D: Work-Related Interests and Preferences

Discuss and document the youth's interests and explore their aptitudes.

Section E: Skills and Aptitudes

Discuss and document the youth's skills and aptitudes, such as working with office equipment, using computer programs, performing clerical tasks. Record their answers in this section and use the space provided for unlisted items if needed.

Section F: Service Plan

Indicate the recommended number of hours for Work Experience. **Please note that the Work Experience hours SHALL NOT exceed the hours indicated on the Work Permit.**

Attachment VIII

Revised June 2018