



Intake / Training Self-Assessment

Client Information			
Last name:	First name:	MI:	Maiden name:
Training Self-Assessment			
What are your career goals?			
What employment skills do you currently have?			
What knowledge or skills gaps do you have in performing work satisfactorily? Prioritize by importance.			
What type of training will help you close these gaps?			
What is your preferred method of learning? (How do you learn best?)			
<input type="checkbox"/> Visual <input type="checkbox"/> Audio <input type="checkbox"/> Hands-on <input type="checkbox"/> One-on-One <input type="checkbox"/> Group			
How often will you need to repeat training/certification? <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Other _____			
I _____ understand that I am responsible for maintaining and retaining certification in a timely manner.			
_____		_____	
Client Signature		Date	
What type of training will help the client close these skill gaps?			

For what reasons did you not complete previous training? Check all that apply.

Family

- Lacked a place to study
- Got pregnant/got someone pregnant
- Got married
- Did not have transportation to school
- Personal/family illness
- Needed to stay home to care for family members
- Got a job
- Needed to work to help out at home
- Job took too much time
- Didn't have enough money to go to school
- Home-life was unstable
- Family moved too often
- Family did not support my education
- Did not have a role model or guidance
- Other family members did not complete post high school education

Academic Environment

- Class times were too long/too short
- Could not adjust to school /online routine
- Did not have enough resources or materials for school/no internet
- Did not have good place to study
- Teachers were not hands-on with students
- Poor teaching/instruction
- Did not get assigned to courses chosen/signed up for
- Unsatisfied with courses/class schedule
- Did not enjoy school/online courses
- School-work was too easy
- Was bored at school
- Vo-tech did not offer enough courses

Educational Background (Continued)

Social

- Emotional/personal issues
- Was not happy in school
- Social life became more important than school/homework
- Felt too old in class
- Felt I did not belong at the school or was not a part of the school
- Did not get along with other students
- Bullying from other students
- Did not get along with teachers and/or school faculty
- Misconduct at school
- Issues with the law/police
- School officials told me to leave
- Suspended or Dropped from school
- Problems with alcohol
- Problems with drugs

Academic performance

- Poor attendance – absent or tardy too many times
- Received poor grades
- Received poor test scores
- Felt afraid/embarrassed to ask for help with school-work
- Did not feel welcome to ask teachers for help
- School work was too hard
- Struggled with math
- Struggled with reading
- Homework was too hard
- Had poor study habits
- Did not want to study or do homework
- Never received academic guidance
- Felt insecure about school

Additional reasons, not listed above: _____

Is there anything you wish to comment or request in regards to improving our current services?

