**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*