



Basic Skills Screening Tool

Name:	I-Trac Customer ID:
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If any question is answered, "No," or the form could not be completed without reasonable accommodations, the individual should receive priority of service.

1. Do you have difficulty following written instructions and diagrams?
 YES NO
2. Do you feel comfortable filling out basic medical forms and job applications?
 YES NO
3. Are you comfortable adding, subtracting, multiplying, and dividing basic numbers up to 3 digits?
 YES NO
4. Are you comfortable using a computer?
 YES NO
5. Are you comfortable using the internet and sending and receiving emails?
 YES NO
6. Do you feel that your English skills (i.e. reading, writing, and speaking) are strong enough to get and keep a job?
 YES NO

Signature: _____

Date: _____

By typing your name above, you are signing this form electronically.

Name of Career Coach: _____