



Contractor: _____

Participant Name: _____ ID# _____

Interviewer: _____ Title: _____

*****TO BE COMPLETED BY INTERVIEWER ONLY*****

(The contractor staff must interview the participant. Participants are not allowed to complete this form.)

Personal Information

1. Family Life & Personal Interests: *(List preferred leisure activities, including those participants does not think of as work related)*

a. _____ b. _____ c. _____

Briefly summarize participant's reasons for seeking services. (Note any specific requests for occupational, educational, or training referrals, and comment on their appropriateness.)

2. Current Living Situation (Outline current living situation)

3. Identified Needs/Employment Barriers (Check all appropriate categories based on Assessment)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Summer Employment | <input type="checkbox"/> Tutoring/Instruction Leading to GED/Diploma | <input type="checkbox"/> Work Experience/Internship | <input type="checkbox"/> Adult Mentoring |
| <input type="checkbox"/> Occupational Skills Training | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Supportive Services | <input type="checkbox"/> Alt. H.S. Offering |
| <input type="checkbox"/> Guidance/Counseling | <input type="checkbox"/> Follow-Up Services | <input type="checkbox"/> Basic Skills | <input type="checkbox"/> Work Readiness |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Needs Additional Assistance | |

4. Support Services Needed (Check all appropriate categories based on information above.)

- | | | | | |
|--|-----------------------------------|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Clothing | <input type="checkbox"/> Elder Care | <input type="checkbox"/> Health | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Disabled | <input type="checkbox"/> Food | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Other (Specify) _____ | | | | |



5. Service Referrals: (Please indicate what areas participant received service referrals.)

Name of Program	Current Service needs	Date	Comments

After interviewing participant; please consider all information gathered from interview, when placing the youth at a worksite for the summer. Please be sure to complete the "Contractor Summation".

TO BE COMPLETED BY INTERVIEWER ONLY – Must Select ONE

Cohort ☐ A- July 5th, 2017 ☐ B -July 10th, 2017

Scheduled Orientation Date: _____ Time: _____

Worksite Referral / Placement

Worksite Name: _____	Job Title: _____
Address: _____	Report Date: _____ / _____ /2017
City, State, Zip _____	Report Time: _____ : _____ am/pm

Contractor's Summation

Interviewer Signature: _____ Date: _____