## Title I Basic Skills Screening Tool



Name:		State ID:
1.	Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HSED)?	
2.	Are you currently enrolled in an Adult Education or English as a Second Language program?	
3.	Can you follow basic written instructions with no help or little help?	
4.	Can you fill out basic medical forms and job applications?	
5.	. Can you add, subtract, multiply, and divide with whole numbers up to 3 digits? (Example: 100 + 641)	
6.	. Can you do basic tasks on a computer (examples: search for files, internet and email, word processing)?	
7.	. Do you speak and read English well enough to get and keep a job?	
8.	Do you have an Associate's Degree or higher?	
9.	Have you completed a post-secondary entrance exam within the last six months and did not require developmental or remedial courses?	
Signature:		Date Signed:
For internal use only:		
	For the Adult Program only:  If any question is answered, "No," or the form could not be completed independently, the individual should receive priority.  Does the individual receive priority?  What level of priority?	For the Youth Program only:  If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.  Does the individual have an eligibility barrier?
Name of Career Planner:   Date Signed:		 Date Signed:
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