

NEXTGEN PROGRAM OBJECTIVE ASSESSMENT SUMMARY (OAS)

Participant Name:	Last 4 SSN:	
Date of Birth:	Gender:	Age:

This form must be filled out by NextGen Service Provider (NGSP) case management staff.

The Objective Assessment is a review of basic skills, occupational skills, prior work experience, employability, interest, aptitudes, supportive service needs, and developmental needs. The Objective Assessment Summary (OAS) **MUST** be used to develop the Service Plan (SP/ISS/ISP). The initial Service Plan must be completed and signed by the participant within 30 days of enrollment and the OAS must be completed, signed by NGSP staff and uploaded within 30 days as well. Utilize the NextGen Application, Resume, Interviews, Observations, Work Samples, and Assessments/Test scores to complete this OAS. **Upload ALL Objective Assessment tools and the Signed/Dated OAS to WorkSource GA Portal/VOS.**

EMPLOYABILITY	EMPLOYMENT EXPECTATIONS	
	<input type="checkbox"/> Seeking immediate employment	Full or Part Time:
	Desired Occupation 1:	Desired Occupation 2:
	Shift Preferences: <input type="checkbox"/> Weekday <input type="checkbox"/> Weekend <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Night	
	Desired Salary:	Longest Commute Distance (mi):
	Benefits Needed:	
	<input type="checkbox"/> Job Search Assistance Needed	<input type="checkbox"/> Desires Help in Career Planning
	<input type="checkbox"/> Seeking Training Services	Training Preferences:
	<input type="checkbox"/> Seeking Post-secondary Education	Post-secondary Preferences:
	Other Assistance Expected:	
	OCCUPATIONAL TRANSFERABLE SKILLS	
	Career Assessment Results (Aptitude & Interests): <i>Explain the assessment that was used and overall outcomes.</i>	
	Summary of Skills Assessment:	
	EMPLOYMENT HISTORY	
	<input type="checkbox"/> Never been employed	
	Company Name:	Job Title:
	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Salary/Hourly Wage: _____ <input type="checkbox"/> Unpaid
	Begin Date:	End Date: <input type="checkbox"/> Currently Employed
	Reason for Leaving:	
	Job Duties:	

EMPLOYABILITY	Company Name:		Job Title:	
	Full or Part Time:		Salary/Hourly Wage:	
	Begin Date:		End Date:	
	Reason for Leaving:			
	Job Duties:			
	BARRIERS TO EMPLOYMENT			
	<input type="checkbox"/> No Barriers to Employment/Work Readiness Issues			
	<input type="checkbox"/> Lack Significant Work History		<input type="checkbox"/> Sporadic or Limited Work History	
	<input type="checkbox"/> Restricted Work Schedule		<input type="checkbox"/> Unrealistic Expectations	
	<input type="checkbox"/> Unrealistic Wage		<input type="checkbox"/> Legal Issues	
	<input type="checkbox"/> Lack Employment Related Computer Skills		<input type="checkbox"/> Restricted Commuting Distance	
	Other Barriers (Specify):			
	WORK READINESS			
	Resume: <input type="checkbox"/> None <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete			
	<input type="checkbox"/> Motivational Factors Affecting Employment		<input type="checkbox"/> Lack Interpersonal Skills	
<input type="checkbox"/> Lack Interviewing Skills		<input type="checkbox"/> Need Resume Assistance		
<input type="checkbox"/> Appearance/Hygiene Issues		<input type="checkbox"/> Lack Time Management/Organizational Skills		
<input type="checkbox"/> Lack Career Decision Making Skills		<input type="checkbox"/> Lack Labor Market Information Research Skills		
Registered with a Georgia Department of Labor Career Center? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SERVICE PLAN EMPLOYMENT GOAL(S): <i>Explain what the Goal is and list steps to complete the goal.</i>				

TRAINING	EDUCATION HISTORY	
	Long-term Education Goal(s):	
	Highest Grade Completion:	<input type="checkbox"/> Currently Enrolled in School
	Education History Assessment Summary:	
	BASIC SKILLS / EDUCATION FACTORS	
	<input type="checkbox"/> High School Dropout	<input type="checkbox"/> Behind Grade Level for Age
	<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> Lacks Training Related Computer Skills
	TABE Results:	Computer Skills:
	Math _____ Reading _____	
	Primary language spoken at home:	<input type="checkbox"/> English Language Learner

TRAINING	<input type="checkbox"/> Needs interpretation services		<input type="checkbox"/> Currently Enrolled in ABE/Literacy or ESOL	
	Basic Skills / Education Factors Assessment Summary:			
	DEGREES			
	School:		Program:	
	Degree Earned:		Completion Date:	
	School:		Program:	
	Degree Earned:		Completion Date:	
	CERTIFICATE/LICENSE			
	Certification/License:		Completion Date:	
	Occupational Transferable Skills:			
Certification/License:		Completion Date:		
Occupational Transferable Skills:				
SERVICE PLAN EDUCATION/TRAINING GOAL(S): <i>Explain what the Goal is and list steps to complete the goal.</i>				

LIVING & FINANCIAL STATUS	HEALTH & BEHAVIORAL OBSERVATIONS			
	Responses to the following items must be completely voluntary and confidential.			
	<input type="checkbox"/> Health Issues		<input type="checkbox"/> Behavior Issues	
	<input type="checkbox"/> Physical Disability: _____		<input type="checkbox"/> Substance Abuse	
	<input type="checkbox"/> Other Disability: _____			
	RESIDENCE STATUS			
	<input type="checkbox"/> Unstable Living Situation			
	<input type="checkbox"/> Homeless	<input type="checkbox"/> Runaway	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Displaced Homemaker
	<input type="checkbox"/> Live on own		<input type="checkbox"/> Live with Family or Parent	
	<input type="checkbox"/> Live with Friend			
	ECONOMIC FACTORS			
	Georgia Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Status of your driver's license? <input type="checkbox"/> Active <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked			
	<input type="checkbox"/> Single Parent		<input type="checkbox"/> Offender (Justice System)	
	<input type="checkbox"/> Credit Issues		<input type="checkbox"/> Need Active Driver's License	
<input type="checkbox"/> Public Assistance		Indicate which one(s):		
<input type="checkbox"/> Other Financial Issues		Explain: _____		
<input type="checkbox"/> Need Financial Literacy Training				

LIVING & FINANCIAL STATUS	CRIMINAL BACKGROUND	
	<i>Responses to the following items must be completely voluntary and confidential.</i>	
	<input type="checkbox"/> Arrests	Current Status of Arrest:
	<input type="checkbox"/> Convictions: <input type="checkbox"/> Expunged <input type="checkbox"/> Sealed	
	Most Recent Conviction:	Date of Discharge of Sentence:
	Criminal Background Summary:	
	SUPPORTIVE SERVICES NEEDS	
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Temporary Shelter
	Current Mode of Transportation: <input type="checkbox"/> Parent <input type="checkbox"/> Own Vehicle <input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Neighbor/Friend <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Child/Dependent Care	<input type="checkbox"/> Reasonable Accommodations for Disability	
<input type="checkbox"/> Emergency Food/Nutritional Needs	<input type="checkbox"/> Medical	
<input type="checkbox"/> Counseling	<input type="checkbox"/> Other:	
SERVICE PLAN LIFE SKILL GOAL(S): <i>Explain what the Goal is and list steps to complete the goal.</i>		

I affirm that I have processed all assessments conducted during The Intake Process and utilized them to complete this Objective Assessment Summary (OAS). I assure the NextGen Application, initial Resume, Interviews, Observations, Work Samples, and Assessments/Test scores used to complete this OAS will be uploaded to the WorkSource Georgia Portal/VOS prior to providing WIOA services to the participant. I also affirm this OAS will be directly utilized to build the initial Service Plan (SP/ISS/ISP) within 30 days of the participant's enrollment.

NGSP Staff Name (Print): _____

NGSP Staff Signature:

Date: _____