



BASIC SKILLS SCREENING TOOL

Name: _____

Date of Birth: _____

1. Do you have a high school diploma or equivalent? ☐ Yes ☐ No ☐ Currently enrolled in high school (not an equivalency program).
2. Can you follow basic written instructions and diagrams with no help or just a little help? ☐ Yes ☐ No
3. Can you fill out basic medical forms and job applications? ☐ Yes ☐ No
4. Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits? ☐ Yes ☐ No
5. Can you do basic tasks on a computer? ☐ Yes ☐ No
6. Do you speak and read English well enough to get and keep a job? ☐ Yes ☐ No

Signature: _____

Date: _____

For Internal Use Only:

Was the individual able to complete the screening tool without help?

☐ Yes ☐ No

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?

☐ Yes ☐ No

For the Youth Program Only:

If any question is answered "No" or the form could not be completed independently, the individual may have a BSD eligibility barrier.

Does the individual require additional assessment to determine BSD?

☐ Yes ☐ No

Name of Case Manager: _____

Case Manager

Signature: _____ Date: _____