

Job Training and Economic Development Service Needs Assessment

Area	Question	Answer	Next Steps
Accommodations	Do you need accommodations to other services to help you in the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If Yes: <ul style="list-style-type: none"> <input type="checkbox"/> Referral <ul style="list-style-type: none"> <input type="checkbox"/> Referral to a disability services organization or office for an assessment <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Provide support service for accommodations in-house <input type="checkbox"/> Tutoring, study skills training, and dropout prevention services <input type="checkbox"/> Assistance with educational testing, retesting, and make-up sessions <input type="checkbox"/> Alumni networking <input type="checkbox"/> Other student/instructional support services <input type="checkbox"/> Comments If No: No action needed If N/A: No action needed
Technology Assistance for Virtual Learning (Broadband and Hardware – If Virtual Learning will be Employed)	Do you have steady and reliable access to the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If Yes: No action needed If No: <ul style="list-style-type: none"> <input type="checkbox"/> Referral <ul style="list-style-type: none"> <input type="checkbox"/> Referral for technology assistance <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Provide support service for internet in-house If N/A: No action needed

<p>Technology Assistance for Virtual Learning (Broadband and Hardware – If Virtual Learning will be Employed)</p>	<p>Do you have a computer that will allow you to access lessons including online instruction?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If Yes: No action needed</p> <p>If No:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral <ul style="list-style-type: none"> <input type="checkbox"/> Referral for technology assistance <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Provide support service for computers in-house <p>If N/A: No action needed</p>
<p>Technology Assistance for Virtual Learning (Broadband and Hardware – If Virtual Learning will be Employed)</p>	<p>Do you feel confident in your ability to use technology including emailing, navigate the internet, and completing basic tasks on a computer?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If Yes: No action needed</p> <p>If No:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral <ul style="list-style-type: none"> <input type="checkbox"/> Referral for technology assistance <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Provide support service for technology assistance in-house <p>If N/A: No action needed</p>
<p>Technology Assistance for Virtual Learning (Broadband and Hardware – If Virtual Learning will be Employed)</p>	<p>Do you have a phone to communicate with your case manager, providers, and employers?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes: No action needed</p> <p>If No:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral <ul style="list-style-type: none"> <input type="checkbox"/> Referral for other: Phone <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Provide support service for cell phone acquisition in-house

<p>Transportation</p>	<p>Do you have transportation concerns that could affect your participation in the program?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I need some financial assistance to cover my transportation expenses <input type="checkbox"/> I need help getting car insurance <input type="checkbox"/> I do not have transportation <input type="checkbox"/> The transportation schedule conflicts with the training schedule 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>If Yes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral <ul style="list-style-type: none"> <input type="checkbox"/> Referral for transportation assistance <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Public transit fare/cards <input type="checkbox"/> Car repairs <input type="checkbox"/> Plate sticker/city sticker renewal <input type="checkbox"/> Gas cards <input type="checkbox"/> Rideshare/taxi <input type="checkbox"/> Fees <input type="checkbox"/> Bike repairs <input type="checkbox"/> Rental <input type="checkbox"/> Parking costs <input type="checkbox"/> Cost of driver's license <input type="checkbox"/> Driver's education lessons <input type="checkbox"/> Liability insurance <p>If No: No action needed</p>
<p>Childcare/Family Member Care</p>	<p>Would you require any assistance in supporting or caring for your family members while you are enrolled in the program?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I need financial assistance with childcare <input type="checkbox"/> I need financial assistance with childcare services for a child with a disability <input type="checkbox"/> I need financial assistance to care for an elderly 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>If Yes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral <ul style="list-style-type: none"> <input type="checkbox"/> Referral for child care <input type="checkbox"/> Referral for dependent care <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Child care assistance <input type="checkbox"/> Dependent care assistance <p>If No: No action needed</p>

	family member or a relative with a disability		
Assistance with Housing	<p>Do you have housing concerns that could affect your participation in the program?</p> <p><input type="checkbox"/> I am homeless</p> <p><input type="checkbox"/> I need financial assistance with housing</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral <ul style="list-style-type: none"> <input type="checkbox"/> Referral for housing assistance <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Deposits (i.e., security, key) <input type="checkbox"/> First-month rent <input type="checkbox"/> Application/background check fees <input type="checkbox"/> Arrears (i.e., rent, utilities) <input type="checkbox"/> Relocation <input type="checkbox"/> Rent <input type="checkbox"/> Storage <input type="checkbox"/> Utilities <p>If No: No action needed</p>
Food	<p>Would you like some help with obtaining food in order to succeed in the program?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referrals <ul style="list-style-type: none"> <input type="checkbox"/> Referral to a local food pantry or other organization to apply for SNAP benefits <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Provide support service for groceries and/or assist with applying for SNAP benefits <p>If No: No action needed</p>
Health Care	<p>Do you have any physical or mental health needs including substance abuse treatment that require assistance to succeed in this training program?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referrals <ul style="list-style-type: none"> <input type="checkbox"/> Referral for health care services/counseling <input type="checkbox"/> Referral for mental health services/counseling

	<input type="checkbox"/> I need financial assistance for physical or mental health services/counseling <input type="checkbox"/> I need assistance with relationship-related issues.		<input type="checkbox"/> Referral for substance abuse services/counseling <input type="checkbox"/> Referral for child safety services/counseling <input type="checkbox"/> Referral for domestic violence services/counseling <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Prescriptions <input type="checkbox"/> Medical device/equipment <input type="checkbox"/> Inoculations <input type="checkbox"/> Mental health services/counseling <input type="checkbox"/> Substance abuse services/counseling <input type="checkbox"/> Dental work <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Medical exam <input type="checkbox"/> Medical deductible/copay <input type="checkbox"/> Child safety services/counseling <input type="checkbox"/> Domestic violence services/counseling <input type="checkbox"/> Healthcare services/counseling <p>If No: No action needed</p>
Legal Assistance	<p>Would you like to receive legal assistance services? This could include:</p> <p>a) Expunging or sealing old criminal records</p> <p>b) Obtaining and reinstating revoked or suspended driver's licenses</p> <p>c) Untangling outside court debt issues</p> <p>d) Assistance with child support orders</p> <p>e) Certificates of rehabilitation</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes:</p> <input type="checkbox"/> Referrals <ul style="list-style-type: none"> <input type="checkbox"/> Referral for legal aid <input type="checkbox"/> In-House Support <ul style="list-style-type: none"> <input type="checkbox"/> Background check fees <input type="checkbox"/> Legal aid <input type="checkbox"/> Legal fees – reasonable/necessary for employment <p>If No: No action needed</p>

	<p>f) Assistance preventing illegal evictions, resolving credit report problems, or filing for domestic violence restraining orders</p> <p>g) Assisting veterans with accessing healthcare, education grants, and housing services.</p> <p>h) Not authorized to work in the U.S.</p> <p><input type="checkbox"/> I need financial assistance with legal issues</p> <p><input type="checkbox"/> I need assistance with pending criminal charges</p>		
Financial Literacy	Do you want to learn about budgeting, managing finances, and protecting yourself from identity theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes:</p> <p><input type="checkbox"/> Referrals</p> <p><input type="checkbox"/> Referral for financial literacy assistance</p> <p><input type="checkbox"/> In-House Support</p> <p><input type="checkbox"/> Provide support service for accommodations in-house</p> <p>If No: No action needed</p>
Mentorship	Would you like to connect to a mentor or former graduate from our program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes:</p> <p><input type="checkbox"/> Referrals</p> <p><input type="checkbox"/> Referral for mentorship through community-based organization</p> <p><input type="checkbox"/> In-House Support</p> <p><input type="checkbox"/> Provide connection for mentorship or peer support in-house</p> <p>If No: No action needed</p>

Application Fees	There are some fees associated with applying to join a DOL-registered apprenticeship program. Application fees can range up to \$30. Is this a cost you are confident that you can pay on your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes: No action needed</p> <p>If No:</p> <input type="checkbox"/> In-House Support <input type="checkbox"/> Provide cost coverage for application fee in-house
Other Support Services	Do you have your high school diploma or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes: No action needed</p> <p>If No:</p> <input type="checkbox"/> Referrals <input type="checkbox"/> Referral to education program
Other Support Services	Are there any other fees or assistance that are needed to ensure your attendance and completion of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If Yes:</p> <input type="checkbox"/> In-House Support <input type="checkbox"/> Uniforms/professional attire <input type="checkbox"/> Other: _____
			If No: No action needed