**MINNESOTA**

**Disability**

**Employment**

**Initiative**

**Youth Profile**

**PARTNERS for Youth**

This youth assessment tool is designed to help workforce staff in Minnesota's DEI implementation sites plan interventions and activities for youth participants based on the *Guideposts for Success.* This tool does not replace the regular WIA or MYP enrollment form, and should be used in concert with a youth's Individual Service Strategy.

| Youth Name: | Date: |
| --- | --- |

|  | **Youth Characteristics** |  |
| --- | --- | --- |
| Date of Birth: | Current Age: | Gender: |
|  | Racial/ethnic background |  |
|  American Indian or Alaskan Native |  Asian or Pacific Islander |  Hispanic or Latino |
| Black or African American |  White, not of Hispanic origin |  Other: |
| Primary Language Spoken at home: |  |  |

| **Strengths** |  |  |  |
| --- | --- | --- | --- |
| Does youth have a driver’s license? |  Yes |  No |  No, but has taken driver’s training |
| Has youth ever taken financial literacy training? |  Yes |  No |  |
| Does youth participate in any school or community-based extracurricular activities? |  Yes |  No | If so, what? |
| Does youth have any hobbies or strong interests in a particular area? |  Yes |  No | If so, what? |

| **Additional Risk Factors** |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Cultural Differences |  Tobacco Use |  New Immigrant |  Teen/Single Parent |  Alcohol Use |
|  Receives Public Assistance |  Juvenile Offender |  Drug Use |  Adult Offender |  Gang Involved |
|  Homelessness |  Foster Care Youth |  Risky Sexual Behavior |  Significant Poverty |  Migrant/Un-documented Family |
| Other: |  |  |  |  |

| **Family and Personal Network** |  |  |
| --- | --- | --- |
| Does youth live with his/her parent(s)? |  Yes |  No |
| If no, where is the youth living? |  |  |
| Does youth have a caring adult that is a consistent positive influence? |  Yes |  No |
| If yes, who are they? |  |  |
| If no, please explain: |  |  |
| Does the family or caregiver situation present any risk factors? (For example, incarcerated parents or suspected drug use.) |  |  |
| What are the anticipated living arrangements upon graduation for this youth? |  |  |
| Does the youth appear to have friends with whom he/she engages in healthy social activities? |  Yes |  No |
| If no, why not? |  |  |

| **Education** |  |  |
| --- | --- | --- |
| Current grade level completion: |  |  |
| Year graduated or schedules to exit high school: |  |  |
| If still in school, youth will receive: |  Diploma |  Diploma (meeting IEP goals) |
|  |  GED |  |
| Does the youth have an Individualized Education Plan (IEP)? |  Yes |  No |
| If yes, who is the IEP case manager? |  |  |
| Does the youth have a Section 504 Plan in school? |  Yes |  No |
| If so, who is the school contact person? |  |  |
| Current reading level: | Current Math level: | Current writing level: |
| Does youth currently use any assistive technology to complete school work or to communicate? |  Yes |  No |
| Has the youth taken any postsecondary education? |  Yes |  No |
| Does the youth express an interest in postsecondary education? If so, please describe. |  |  |

| **Disability Information** |  |  |  |
| --- | --- | --- | --- |
| Primary Disability |  | Secondary Disability |  |
|  Autism Spectrum Disorder |  Physically Impaired |  Autism Spectrum Disorder |  Physically Impaired |
|  Deaf & Hard of Hearing |  Developmental Delay |  Deaf & Hard of Hearing |  Developmental Delay |
|  Deaf-Blind |  Specific Learning Disability |  Deaf-Blind |  Specific Learning Disability |
|  Developmental CognitiveDisability |  Speech or Language Impairment |  Developmental CognitiveDisability |  Speech or Language Impairment |
|  Emotional or BehavioralDisorder |  Traumatic Brain Injury |  Emotional or BehavioralDisorder |  Traumatic Brain Injury |
|  Other Health Impaired |  Visual Impairment |  Other Health Impaired |  Visual Impairment |

| **Additional Information** |
| --- |
| Can youth identify his/her disability and describe its impact? |
| Other relevant medical diagnosis: |
| Current therapies or mediations: |
| Suspected disabilities or behavior concerns: |

| **Employment History and Preparation** |  |  |  |
| --- | --- | --- | --- |
| Is the youth currently employed? |  Yes |  No | If so, where? |
| Has the youth ever been employed? |  Yes |  No | If so, where? |
| Was employment subsidized? |  Yes |  No |  |
| Does youth have relevant unpaid or volunteer work experience? |  Yes |  No |  |
| Did youth have a job coach? |  Yes |  No |  |
| In what career field does the youth express interest? |  |  |  |
| Has the youth ever (if so, please explain results): |  |  |  |
| Participated in a careers or work readiness class? |  Yes |  No |  |
| Taken a career or job interest test? |  Yes |  No |  |
| Taken a career aptitude assessment? |  Yes |  No |  |
| Received a vocational evaluation? |  Yes |  No |  |
| Participated in a mock job interview? |  Yes |  No |  |
| Been given “soft skills” training? |  Yes |  No |  |
| Expressed interest in starting their own business? |  Yes |  No |  |
| Learned what education or skills relate to their job goals? |  Yes |  No |  |

| **Social Security and Other Supports** |  |  |
| --- | --- | --- |
| Is the youth currently receiving SSI or SSDI? |  Yes |  No |
| Does the youth have a Ticket to Work? |  Yes |  No |
| Does the youth have a county social worker? |  Yes |  No |
| Does the youth currently have a county waiver (DD, CADI, TBI)? |  Yes |  No |
| Does the youth currently have an open case with Vocational Rehabilitation Services? |  Yes |  No |
| If so, who is the VRS counselor? |  |  |
| Are there any other services or supports the youth is currently receiving? |  Yes |  No |
| Are services and supports needed? |  Yes |  No |