



**Upper Shore Workforce Investment Board**

PO Box 8, Wye Mills, MD 21679

410-822-1716

www.uswib.org

**OBJECTIVE ASSESSMENT PROGRAM ELEMENTS**

**Upper Shore Workforce Investment Board Youth Program**

**Name**

**Date**

Highest grade the individual completed?

Does this individual require dropout prevention services or alternative secondary school services?

Will paid/unpaid work experiences be offered to this individual?

Will skills training be offered to this individual for a credential?

Is the individual requesting entrepreneurial skills training?

Does the individual need financial literacy assistance?

Is the individual requesting leadership development?

Does the individual require mentoring?

Does the individual have an opportunity to receive career advising?

Does the individual have an opportunity to receive LMI?

Will tutoring services be offered as needed?

Does the individual require any supportive service?

Will follow-up services be offered to this individual?

Will assistance in preparing for post-secondary education and training be offered to this individual?