

**Phase #1  
Training Assessment**

In order to accurately provide you with support to meet your goals, you will need to state what training you feel is necessary.

Please check (✓) as many boxes that applies to your needs and interest.

- Job Readiness
- Life Skills Training (list desired skills) \_\_\_\_\_  
\_\_\_\_\_
- Anger Management
- GED/High School Diploma Preparation (list highest grade completed \_\_\_\_\_)
- Computer Training
- Alcohol and Other Drug abuse Recovery
- Assistance Obtaining Identification
  - Social Security Card       Drivers License
  - Birth Certificate       Voters Card       Other \_\_\_\_\_
- Assistance Creating a Resume
- Basic Literacy Reading/Writing Instructions
- Personal Appearance and Hygiene
- Money Management & Personal Budgeting Assistance
- Mental Health Counseling
- Emotional Health Counseling
- Spiritual Health Counseling
- Primary Health Care
- Other, please specify \_\_\_\_\_  
\_\_\_\_\_

Thank you for your participation. May God continue to bless you.