



CalJOBS Help Sheet 10

How to Create an Objective Assessment in CalJOBS

Prepared by: Research and Statistics Division

How to Create an Objective Assessment in CalJOBS

This section describes how to create an Objective Assessment step by step.

Creating an Objective Assessment:

1. After accessing your participant's case, expand the "Staff Profiles" folder by clicking the (+) button next to Staff Profiles. Then expand "Case Management Profile" and choose the "Plan" option.



Once in the Plan tab, click on the "Create Objective Assessment Summary" button to start your assessment.



2. Enter the necessary information as indicated on the form.
 - a. Complete the General Information and Residence Address sections, ensuring that all required fields, marked with a red asterisk *, is complete. Some of the information will be pre-populated already.

General Information

User Name:	SANSASTARK
User ID:	24851
State ID:	8423
* Program:	WIOA ▼
* Application ID:	2232245 ▼
* LWA:	Los Angeles County I ▼
* Office:	None Selected ▼
* Assessment Create Date:	07/07/2016 Today
Attach Active Plan:	<input type="radio"/> Yes <input checked="" type="radio"/> No
IEP ID #	<input type="text"/>
* First Name	Sansa
Middle Initial	<input type="text"/>
* Last name	Stark
Age at Assessment	17

Residence Address

* Address Line 1	3910 University Ave.		
Address Line 2	<input type="text"/>		
* City	San Diego		
* State	California ▼		
* Zip Code	92105		
* Primary Phone Number	619	-	228 - 2900
Alternate Phone Number	<input type="text"/>	-	<input type="text"/>
Fax Number	<input type="text"/>	-	<input type="text"/>
* Email	<input type="text"/>		

b. Alternate Contact

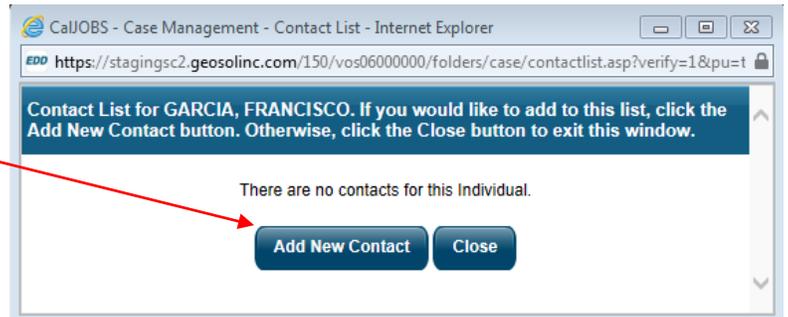
If you have alternate contact information for the participant, add it here by clicking **Click Here**. Then click the “Add New Contact” button from the pop-up window, fill in the information and click the “Save” button .

Alternate Contact

Alternate Contact

[Click Here](#)

This window will pop-up when the button is clicked. Existing contacts may be edited or a new contact can be added by clicking the “Add New Contact” button.



The “Add New Contact” button will cause this screen to pop-up, fill in the appropriate information and click the “Save” button to add the new contact information.

c. Staff

In the **Staff** section, input the “**Date Completed**”, along with any comments you have. The Date Completed does not have to be the date the assessment was created and it can be a future date. Click the “**Next**” button to move on.

Staff

Staff User ID 6532 (Super Trainer 30)

* Date Completed 04/25/2016

Overall Note

[Spell Check]

Cancel Finish Next>>

d. Program Expectations

In the Program Expectations section, write a little about what kind of services the participant is seeking in the textbox provided.

Program Expectations

* Are you Seeking Immediate Employment Yes No

* What Services are you Seeking

[Spell Check]

e. Employment Expectations

If you know what kind of employment the participant is seeking, enter that information in the Employment Expectations section. You may enter up to three potential occupations for the participant. To choose an occupation, click the “**Select Occupation**” button.

Employment Expectations

Occupation 1 [Select Occupation](#) ←
 39-2021.00
 Nonfarm Animal Caretakers

Occupation 2 [Select Occupation](#)

Occupation 3 [Select Occupation](#)

Employment Type **Regular** ▼

Full or Part Time **Full Time (30 Hours or More)** ▼

Shift Preferences
 Day Shift Evening/Swing Shift Night/Graveyard Shift
 Rotating Shift Split Shift

Desired Salary **None Selected** ▼

Benefits Needed
 Health Insurance
 Paid Vacation Time
 Paid Sick Leave
 Retirement/Pension

Longest Commute Distance (in miles) _____

From the pop-up window that appears, choose how you'd like to search for the occupation from the tabs at the top. After finding the desired occupation, click on it, and the information will automatically populate in the occupation field on the assessment.

→ **Occupations by Keyword** [Occupations by Group](#) [Occupation Listing](#) [Occupations by Education Program](#) [Occupations by Military Specialty](#) [Occupations by Occupation Code](#) [Occupations by License](#)

Display only Occupations with a Bright Outlook Display Green Occupations only

Search for an occupation by keyword(s)

Type a job title or occupational keywords in the box and click the *Search* button. (e.g. Accountant)

[+ Keyword Search Options](#) _____

Search

Occupation 1 [Select Occupation](#)
39-3091.00
Amusement and Recreation Attendants

Occupation 2 [Select Occupation](#)

Occupation 3 [Select Occupation](#)

Employment Type

Full or Part Time

Shift Preferences Day Shift Evening/Swing Shift Night/Graveyard Shift
 Rotating Shift Split Shift

Desired Salary

Benefits Needed Health Insurance
 Paid Vacation Time
 Paid Sick Leave
 Retirement/Pension

Longest Commute Distance (in miles)

Job Search Assistance Requested Help Getting Started in Job Search
 Resume Assistance
 Completing Job Applications
 Interviewing Skills
 Job Openings
 Referrals to Employers

* Desires Help in Career Planning Yes No

* Seeking Training Services Yes No

Training Preferences
[[Spell Check](#)]

Other Assistance Expected
[[Spell Check](#)]



Be sure to complete all fields with a red asterisk * next to them. Click the "Next" button to continue.

f. Education History

Fill in the appropriate fields and write a little about the participant's education history in the textbox.

Education History ?

Highest Grade Completed:

Currently Enrolled in School:

Education History Assessment Summary:

[\[Spell Check \]](#)

g. Basic Skills/Education Factors

Basic Skills / Education Factors ?

High School Dropout:

Basic Skills Deficient:

Reading below 9th Grade
 Math below 9th Grade
 Language Below 9th Grade
 Literacy
 Non-Reader

Lacks Computer Skills:

Limited English Proficiency:

Currently Enrolled in ABE/Literacy or ESOL:

Behind Grade Level for Age (Youth Only):

Basic Skills/Education Factors Assessment Summary:

[\[Spell Check \]](#)

Fill out information about the participant in the appropriate fields. Click the **next** button when done to move on.

h. Degrees

If the participant has a degree click the “Add a New Degree” button and fill out the appropriate fields in the pop-up window.

Degrees ?

Degree	Issuing Institution	Completion Date	Action
→ [Add a New Degree]			

<<Back
Cancel
Finish
Print
Next>>

In the window that appears, fill in the appropriate information and click the “Save” button to add the degree.

Add Degree x

?

* Type of Education Qualification/Degree None Selected ▼

* Actual Title of the Education Program

Standard Title which Best Describes Program None Selected ▼

* Issuing School or Institution

* State California ▼

* Country United States ▼

* Completion Date

Comments

Cancel
Save

[\[General\]](#) [\[Expectation\]](#) [\[Education\]](#) [\[Degree\]](#) [\[Certificate\]](#) [\[Employment\]](#) [\[Work Readiness\]](#) [\[Barriers\]](#) [\[Tests\]](#) [\[Agency\]](#)

Degrees ?

Degree	Issuing Institution	Completion Date	Action
College Graduate	California State University Los Angeles	08/2012	Edit Delete

[[Add a New Degree](#)]

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Cancel
Finish
Print
Next>>
←

Click the “Next” button to move onto the next page.

i. Certificates

If the participant has any certificates click the “Add a New Certificate” button. When finished click the “Next” button to move on.

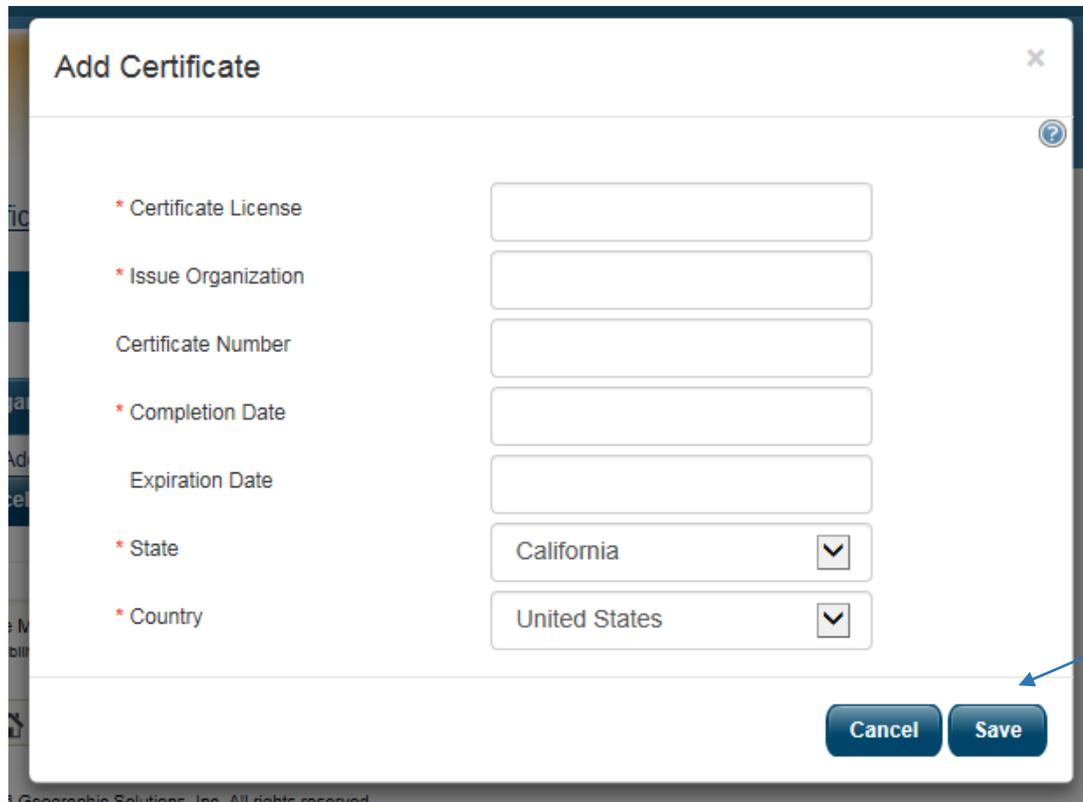
Certificates ?

Certificate License	Organization	Completion Date	Action
No Certifications			

→ [[Add a New Certificate](#)]

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Cancel
Finish
Print
Next>>
←

Fill out the appropriate fields in the pop-up window to add a certificate. Then click “Save” to add it to the list of certificates.



Add Certificate

* Certificate License

* Issue Organization

Certificate Number

* Completion Date

Expiration Date

* State

* Country

j. Occupational Transferable Skills

Write about the participant’s skill assessment in the textbox.

Occupational Transferable Skills

Summary of Skill
Assessment

[[Spellcheck](#)]

k. Employment History

If the participant has employment history, click the “Add a New Employment History” button and fill in the pop-up window. All the fields in the pop-up that appears are required. When finished, click the “Next” button to move on.

Employment History ?

Employer	Start/End Dates	State	Action
No Employment History			

→ [\[Add a New Employment History \]](#)

<<Back
Cancel
Finish
Print
Next>>

California Workforce Services Network - Work History - Google Chrome

https://trainingsc2.geosolinc.com/vos06000000/folders/case/iep/oas/oasemphistorydetail.asp?showfra

* indicates required fields. ? For help click the question mark icon.

Employment History

Please provide information for the following fields and click the Save button when you are finished. If you do not want to add any employment history at this time, click the Cancel button to return to a list of employment histories.

- * Company Name:
- * Job Title:
- * Occupation Code: [Select Occupation](#)
- * State:
- * City:
- * Country:
- * Full or Part time:
- * Salary: \$
- * Salary Unit:
- * Start Date: Currently Employed
- * End Date:
- * Duration:
- * Reason for Leaving:
- * Additional Information on reason for leaving:
- * Job Duties:

[Insert Job Description] [Clear Text]

Save
Cancel

Click the save button when finished to add that job to the participant’s employment history.

I. Work Readiness

This section needs to be filled out to determine how ready the participant is to get back to work. Fill in the appropriate fields and leave comments where required.

Work Readiness

Dependent Care

Child Care
 Special Needs Child
 Adult Care
 Not at This Time

* Dependent Care Comments

[Spell Check](#)

* If the participant has a valid Class C license, check “Has a Valid License.” If the participant has any endorsements, check all that apply in the “Drivers License Endorsement” field.

Example: Below is how this section should be completed for a participant who has a valid Class C license but no extra endorsements.

Transportation:

Drivers License:

Has a Valid License
 Does not have a License
 Suspended
 Restrictions
 DUI

Drivers License Endorsements:

Class H - Hazardous Waste
 Class N - Tankers
 Class P - Transport Passengers
 Class S - School Bus
 Class T - Double / Triple Trailers
 No Endorsements
 City Government Vehicles
 Motorcycles
 Private Vehicle class

Automobile:

Owns Automobile
 Auto Needs Repair
 Lacks Automobile Insurance
 Cannot Afford Gasoline
 Automobile Impounded
 Automobile Repossessed
 Access to Dependable Automobile
 Access to Public Transportation
 Relies on Public Transportation
 Not at this Time

m. Workplace Behavior

Check the appropriate boxes for the participant’s workplace behavior and write a short summary at the bottom of the page. Fill out the remaining subsections and click the “Next” button at the bottom of the page to continue.

Workplace Behavior

<p>Motivational Factors Affecting Employment <input type="checkbox"/></p> <p>Career Decision Making (Clearly defined goals/plans) <input type="checkbox"/></p> <p>Interviewing Skills <input type="checkbox"/></p> <p>Resume <input type="checkbox"/></p> <p>Application Completion <input type="checkbox"/></p> <p>Appearance/Hygiene Issues <input type="checkbox"/></p> <p>Needs to Learn how to user Labor Market Information <input type="checkbox"/></p> <p>* Workplace Behavior Assessment Summary</p>	<p><input type="checkbox"/> Negative Work Attitude</p> <p><input type="checkbox"/> Punctuality Issues</p> <p><input type="checkbox"/> Attendance Problems</p> <p><input type="checkbox"/> Co-Worker Relations Issues</p> <p><input type="checkbox"/> Difficulty Making Positive First Impression</p> <p><input type="checkbox"/> Negative Attitude</p> <p><input type="checkbox"/> Proper Interview Attire</p> <p><input type="checkbox"/> Need to Improve Communication Skills</p> <p><input type="checkbox"/> Research Labor Market Information (LMI)</p> <p><input type="checkbox"/> Questions for Interviewer</p> <p><input type="checkbox"/> Preview List of most common Q&A's</p> <p><input type="checkbox"/> References</p> <p><input type="checkbox"/> Verbally explain work experience and skills</p> <p><input type="checkbox"/> Has Acceptable Resume</p> <p><input type="checkbox"/> Resume Requires Revision</p> <p><input type="checkbox"/> Does not Have Resume</p> <p><input type="checkbox"/> Unable to Identify/Communicate Transferable Skills</p> <p><input type="checkbox"/> Lacks Thoroughness</p> <p><input type="checkbox"/> Needs to Address Sensitive Issues (i.e. Criminal Record)</p> <p><input type="checkbox"/> Neatness</p> <p><input type="checkbox"/> Difficulty Summarizing Skills/Work History</p>
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Spell Check

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Cancel
Print
Finish
Next >>

n. Barriers

For this page, the subsections can be completed in a similar way as the previous section.

Check the appropriate fields that correspond to your observations of the participant. Write a small summary at the bottom of each section about the information you entered. Also, if the participant does not meet any of the criteria displayed, check the “Not at this time” box.

Click the “Next” button at the bottom of the page to continue.

Health & Behavioral Observations

Health

- Lacks Medical Insurance Coverage
- Disclosed Disability
- Needs Glasses
- Needs Dental Work
- Speech Impairment
- Cannot Afford Medication
- Reasonable Accommodation Required
- Limitations in Ability to Work Certain Jobs
- Health has been cause for Absences from Job
- Pending Surgery or Medical Leave
- Not at this time

Behavior

- Demonstrates Low Self-Esteem
- Demonstrates Behavioral Problems
- Requires Medication
- Disclosed Disability
- Required Therapy/Treatment
- Not at this time

Substance Abuse

- Seeks Referral for Treatment
- Failed Drug Test
- Not at this time

* Health & Behavior Observations Assessment Summary:

[Spell Check](#)

Living Environment

Housing

- Homeless
- Residing in Shelter
- Facing Possible Eviction
- Substandard Living Conditions
- Needs Energy Assistance
- Resides in Public Housing
- Not at this time
- At risk of becoming homeless

Home Life

- High Risk Family/Living Situation
- Lacks Family Support System
- Victim of Domestic Violence
- Not at this time

* Living Environment Assessment Summary:

[Spell Check](#)

Economic Factors / Financial Situation

Credit/Financial

- Bankruptcy
- Poor Credit History/Bad Debts
- Needs Money Management Services
- Needs Consumer Credit Counseling Services
- Inability to be Bonded
- Defaulted Student Loan
- Not at this time

* Economic Factors/Financial Situation Assessment:

[Spell Check](#)

Vocational / Occupational Factors

Obsolete Work Skills

License Expired/Revoked

* Vocational/Occupational Factors Assessment

[Spell Check](#)

Other Assistance Received

Public Assistance

- Temporary Aide to Needy Families (TANF)
- Supplemental Nutritional Assistance Program (SNAP)
- Housing
- SSI
- Foster Care
- Medicaid
- Not at this time

Partner Services

- Adult Education
- Job Corps
- MSFW
- Native American
- Veterans
- TAA
- NAFTA/TAA
- Vocational Education
- Vocational Rehabilitation
- Wagner-Peyser
- Community Services Block Grant
- HUD
- Older Workers
- Food Stamp Employment and Training Activities
- Other

* Other Assistance Received Assessment:

[Spell Check](#)

Barriers To Employment

- Lacks Significant Work History
- Sporadic or Limited Work History:
- Restricted Commuting Distance:
- Restricted Work Schedule
- Unrealistic Wage
- Legal Issues
 - Ex-Offender
 - Currently on Probation
 - Existing/Pending Workers Compensation Claims
 - Pending Court Appearances
 - Court Ordered to Pay Child Support
 - Wage Garnishment
- Single Parent
- Displaced Homemaker
- Pregnant or Parenting Youth:
- Runaway Youth
- LWA Designated Barrier
- Other
- No Barriers to Employment/Work Readiness Issues:
- * Employment Barriers Assessment Summary:

[Spell Check](#)



o. Testing Results

In the Testing Results section, use the appropriate “Click Here” buttons to enter the participant’s test results. Assessments can be added for each field from the corresponding pop-up window. When finished, click the “Next” button to move on.

When clicking any of the “Click Here” buttons, a form will pop-up where the corresponding assessment can be added.

When selecting the “Basic Skill Assessment” link, the following form will be display.

* indicates required fields. For help click the question mark icon.

Basic Skills Assessment

Individual Name: Stark, Sansa

* Assessment Date: 07/08/2016

* Local Workforce Investment Area/Board: Los Angeles County Department of Community, and Se

Reading Test Given: None Selected

Reading Score Type: Not Applicable

Reading Test Result: 0 [Format: 99.9 Grade Equivalent, 9999 Raw Score](#)

Specify:

Reading Test Version:

Math Test Given: None Selected

Math Score Type: Not Applicable

Math Test Result: 0 [Format: 99.9 Grade Equivalent, 9999 Raw Score](#)

Specify:

Math Test Version:

Language Test Given: None Selected

Language Score Type: Not Applicable

Language Test Result: 0 [Format: 99.9 Grade Equivalent, 9999 Raw Score](#)

Specify:

Language Test Version:

* Customer meets the definition of Basic Literacy Skills Yes No deficient:

WP

Service Record

Staff User - Add:

Staff User ID - Last Edited:

* Office:

Create date:

Identification Number: 0

Edit Date:

To add a basic skills assessment fill out the pop-up window and click the “Save” button at the bottom.

Save

Cancel

When selecting the “Other Testing” link, the form below will display.

* indicates required fields. ? For help click the question mark icon.

Other Assessments Taken

Individual Name: Stark, Sansa

* Assessment date: 07/08/2016 

* Test Result:

* Test Given: None Selected ▼

Comments:

Save

Cancel

To add other assessments the participant has taken, fill out the corresponding pop-up window and click the “Save” button.

When selecting the “WorkKeys” link, the form below will display:

Client authorized sharing of WorkKeys scores
 (authorization is required to enter scores on this site)

Career Readiness Certificate Assessments

WorkKeys® Assessment	Skill Level	Test Date	Action
Applied Mathematics	<3 3 4 5 6 7	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Locating Information	<3 3 4 5 6	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Reading for Information	<3 3 4 5 6 7	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	

Career Readiness Certificate Level:
[Reset All Career Readiness Certificate Scores](#)

Other Foundational Skills Assessments

WorkKeys® Assessment	Skill Level	Test Date	Action
Applied Technology	3 4 5 6	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Business Writing	1 2 3 4 5	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Listening	1 2 3 4 5	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Listening For Understanding	1 2 3 4 5	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Observation	3 4 5 6	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Teamwork	3 4 5 6	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Teamwork	3 4 5 6	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Workplace Observation	1 2 3 4 5	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	
Writing	1 2 3 4 5	<input type="text"/> (mm/dd/yyyy) Today <input type="button" value="Reset"/>	

[Reset All Foundational Skills Scores](#)

Soft Skills Assessments - Performance

WorkKeys® Assessment	Percentile Rank: Approx percent at or below score
Overall Performance	None Specified
Risk Reduction	None Specified
General Work Attitude	None Specified

Test Date (mm/dd/yyyy) Today

[Reset All Performance Scores](#)

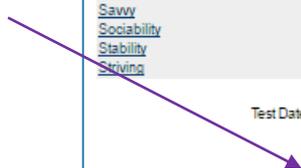
Soft Skills Assessments - Talent

Indices	Percentile Rank: Approx percent at or below score
Customer service orientation	None Specified
Managerial potential	None Specified
Teamwork	None Specified
Work discipline	None Specified
Order	None Specified
Savvy	None Specified
Sociability	None Specified
Stability	None Specified
Striving	None Specified

Test Date (mm/dd/yyyy) Today

[Reset All Talent Scores](#)

To add the participant’s WorkKeys score click the corresponding link provided. When completed, click the “Save” button to finish.



p. Referrals Made

If the participant had any referrals from other agencies, fill in the “Agency” and “Result” fields. If not, this section can be skipped and the Objective Assessment can be completed by clicking the “Finish” button.

Referrals Made

Agency Name	Result	Action
No Records		

Agency:

Result: Referred Eligible Ineligible

[Add New Referral](#)

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Cancel
Finish
Print