

## Checklist for Initial Assessment

Name career guidance officer: \_\_\_\_\_

Name young person: \_\_\_\_\_

### Questions concerning initial assessment

Before initial contact	yes	no	comments
Personal preparation (e.g. pictures, fantasies, experiences with client's culture)	<input type="checkbox"/>	<input type="checkbox"/>	

Before application of initial assessment	yes	no	comments
Secluded room, undisturbed (e.g. telephone)	<input type="checkbox"/>	<input type="checkbox"/>	
Parents/relevant persons present	<input type="checkbox"/>	<input type="checkbox"/>	
Introduced oneself	<input type="checkbox"/>	<input type="checkbox"/>	
Pronounced young person's name correctly	<input type="checkbox"/>	<input type="checkbox"/>	
Created comfortable atmosphere (e.g. took jacket, offered seat/beverage...)	<input type="checkbox"/>	<input type="checkbox"/>	
Introduced counselling institution / service name	<input type="checkbox"/>	<input type="checkbox"/>	
Informed young person that no data will be passed on without his/her consent	<input type="checkbox"/>	<input type="checkbox"/>	
Informed young person about the program of consultation	<input type="checkbox"/>	<input type="checkbox"/>	
Considered need for interpreter	<input type="checkbox"/>	<input type="checkbox"/>	

Part I: Personal Data/Initial arrangements	yes	no	comments
Adapted language to young person's linguistic level	<input type="checkbox"/>	<input type="checkbox"/>	
Collected personal data	<input type="checkbox"/>	<input type="checkbox"/>	
Conducted initial arrangements	<input type="checkbox"/>	<input type="checkbox"/>	
Conducted classification according to subject	<input type="checkbox"/>	<input type="checkbox"/>	
Informed young person about further course of action	<input type="checkbox"/>	<input type="checkbox"/>	

Part II: Central questions	yes	no	comments
Entered young person's name in centre of mind map	<input type="checkbox"/>	<input type="checkbox"/>	
Treated all nine areas of life	<input type="checkbox"/>	<input type="checkbox"/>	

Part III: Need for action	yes	no	comments
Entered young person's name in designated field	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Part III – Need for action parallel to Part II – made use of central questions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Part IV: Plan of action	yes	no	comments
Entered young person's name in designated field	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Developed mutual awareness of case and problems (young person and career guidance officer)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Young person's opinion equal to career guidance officer's opinion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Compiled list of priorities together	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Listed potential solutions according to list of priorities together	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Determined subjects to be dealt with in more detail in intense assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Output of initial assessment corresponds to initial agreements, if not:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Addressed discrepancy between output of initial assessment and initial agreements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Recorded contact person for reassignment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Recorded address for reassignment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Determined extent of required support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Conclusion	yes	no	comments
Discussed remaining questions/subjects	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Verified understanding of further procedure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
No/little need for support:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Provided young person with brochure "4 steps to the job"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Provided young person with plan of action	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Made appointment for information about employment and application	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Medium/extensive need for support:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Made appointment for intense assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	