

The Mississippi Partnership Basic Skills Screening Tool for Youth Participants

Name: _____ Last 4 of SSN: _____

Classification: ☐ In-School Youth ☐ Out-of-School Youth

In-School Youth		Out-of-School Youth	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Below the 9 th grade level on acceptable standardized test (such as TABE) or school records		Below the 9 th grade level on acceptable standardized test (such as TABE) or school records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has taken the ACT WorkKeys® Workplace Documents or Applied Math and scored below a Bronze Level on either test		Has taken the ACT WorkKeys® Workplace Documents or Applied Math and scored below a Bronze Level on either test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Scored below an 80 on the Work Ready Screening Tool for Youth		Scored below an 80 on the Work Ready Screening Tool for Youth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High School cumulative GPA is below a 2.5 on a 4.0 scale		Lacks a high school diploma or its equivalent and is not enrolled in secondary (high) school*
<input type="checkbox"/>	<input type="checkbox"/>		
	Has taken but not passed the State end-of-course exams in Algebra I, English II, Biology, or U.S. History		
<input type="checkbox"/>	<input type="checkbox"/>		
	Taken the ACT test and any of the following applies:		
	<input type="radio"/> English subscore below 18		
	<input type="radio"/> Reading subscore below 22		
	<input type="radio"/> Math subscore below 22		

For any item that is marked “Yes” above, supporting documentation must be included in the participant’s Imaging file.

** Self-Attestation may be accepted as documentation for this item in extreme circumstances when obtaining documentation causes undue hardship on the youth. Staff must maintain detailed case notes justify use of self-attestation.*

For staff use only:

Is the youth basic skills deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of WIOA Staff: _____	
Staff Signature _____	Date _____