

Barriers Identification Worksheet

Name: _____

Probation Office Location: _____

Directions: This worksheet is designed to assist you to identify specific elements in your life that may be barriers to obtaining employment. This worksheet is divided into four sections that cover common barriers we have seen in the past. Please take to time to read each question to see how it relates to you. Answer each question by circling either “YES” or “NO” in the boxes on either side of the question. Most questions have follow-up questions. Please consider each follow-up question carefully and provide an honest answer. Your answers will be important for us to help you assess your barriers and assist you with options and possible solutions. We would like to discuss these issues as a group or on an individual basis today, during our break-out session.

(1) Transportation

YES	Do you have a valid driver’s license?	NO
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If “YES,” are you in danger of losing your driver’s license? Why?

If “NO,” why do you not have a valid driver’s license?

If “NO,” what do you need to do to get a valid driver’s license?

YES	Are you insured to drive?	NO
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If “YES,” are you in danger of losing your driver’s insurance? Why?

If “NO,” no, why are you not insured to drive?

If “NO,” what do you need to do to become properly insured?

Yes	Do you have a car or have access to a car?	No
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If “YES,” is your car reliable or in danger of breaking down? What’s wrong with it?

If “NO,” how do you travel from place to place?

If either “YES” or “NO,” do you have problems traveling from place to place on time? Why?

(2) Residence

YES	Do you feel you live in a stable living environment?	NO
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If “YES,” do you expect your living arrangement to change in the near future? What could happen?

If “NO,” what is the issue(s) that make your living arrangements uncomfortable (consider the people or location or both)?

If “NO,” are you in danger of losing your residence (or staying at the place you are staying at)? Why?

YES	Will all your child care needs be met if you are employed full-time?	NO
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If “NO,” what is the situation?

(3) Job Readiness

YES	Do you have your Social Security Card in your Possession?	NO
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If “NO,” what do you need to do to get your Social Security Card?

YES	Do you have a high school diploma or GED?	NO
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If “NO,” what do you need to do to get a GED?

If “NO,” where can you go to get more information about getting a GED if you didn’t have access to your USPO?

If “YES” or “NO,” what kind of training or skills would you like to have more of to get into your ideal job?

YES	Do you have a resume?	NO
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If “NO,” what part of the resume are you having the most difficulty completing?

If “YES,” what kind of resume did you make and why?

YES	Have you ever interviewed for a job before?	NO
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YES	Have you ever held onto a job for more than a year?	NO
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YES	Do you feel you know how to effectively search for a job?	NO
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If “YES,” how do you search for a job?

If “NO,” what difficulties are you having while you look for a job?

YES	Can you get by without a job?	NO
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If “YES,” why?

YES	Do you have any legal restrictions that keep you from getting certain kinds of jobs?	NO
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If “YES,” what jobs are you not allowed to get?

What is your ideal job?

If you can't work at your ideal job, what other jobs would you be really happy working at?

What do you think is hindering your efforts to obtain any of these jobs?

What is your strategy to pursue your ideal job?

(4) Emotional and Physical Health

YES	Do you have family and/or friends that you can rely on to give you support?	NO
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If “YES,” who are they and what do they do to help you?

If “YES,” what other areas of your life would you like/need more support?

If “NO,” what do you do to get support / help?

YES	Do you have a history of drug addiction?	NO
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If “YES,” has your use of drugs ever interfered with your ability to get or keep a job? What happened?

If “YES,” what situations tend to trigger drug usage for you?

YES	Do you have a history of mental health or physical problems?	NO
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If “YES,” has any of your mental health and/or physical problems (disabilities?) interfered with your work, or has made it difficult for you to be around other people? Please explain.

If “YES,” have you taken any medication or received any kind of treatment in the past? Do you think you still may need services to help you with these issues? Please explain.

YES	Is there any barrier you face that has not been covered in this worksheet?	NO
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If “YES,” please note your concerns here and talk to our Employment Team members about it.

Thank you for completing this worksheet. Please turn it in and ask for a copy of it to take with you. If there are any questions or concerns about your barriers that we cannot answer, we will get back to you regarding possible solutions as soon as we can.