Commonwealth of Massachusetts Executive Office of Elder Affair
Senior Community Service Employment Program

Reassessment Form

SCSEP Policy requires at least two assessments per participant in a 12 month period. The first one is the initial assessment; all subsequent assessments are reassessments.

Participant Name: _____ **Date of Reassessment: _____**

Section 1. Training Assignment History

1. Attach a copy of the participant's current Training Assignment (TA) Description form.

2. Did the participant change Training Assignments since the last assessment/reassessment?

   ____ Yes ____ No (proceed to #3)
   If yes, please list all the training assignments the participant has had since the last assessment or reassessment and the reason for change(s).

   Host Agency:
   _____

   Training Assignment Title, Duties & Skills: attach TA Description for the participant at this host agency

   Date Assignment Started: _____ Date Ended: _____

   Reason for leaving:

   _____

   _____

   _____

3. Using the Training Description and the Individual Employment Plan: which skills has the participant gained from training?

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

Section 2. Other Training

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Using the Individual Employment Plan and the Community Service Training Description, has the participant gained any other new skills through training provided by SCSEP? Check all that apply and briefly describe training and skills gained.

❑ General Training (ex: computer) ❑ Other Training (specify below)

Other Relevant Training Received:

Type of Training	
Start & End Dates	
Source/Provider	
Skills Gained	
Type of Training	
Start & End Dates	
Source/Provider	
Skills Gained	
Type of Training	
Start & End Dates	
Source/Provider	
Skills Gained	

Use Additional Sheets if Necessary

Section 3. Barriers to Employment

Have any new barriers been identified since the last assessment? (Check all that apply)

❑ Dependent Care
❑ Wages will decrease other benefits
❑ Education/GED
❑ Health/Disability
❑ Housing
❑ Job Search Skills
❑ Self Transportation
❑ Limited English
❑ Self-Confidence
❑ Public Trans.
❑ Work Exp.
❑ Other Barriers:

_____
_____
_____

Supportive services needed (and referrals to be made) to overcome new/additional identified barriers since last assessment:

Supportive Services Needed	Referral Source	Person Responsible	Date Completed

Use Additional Sheets if Necessary

_____ _____
Participant Signature and Date Project Director/Counselor Signature and Date