

YES TEAM MEMBER PROFILE



SECTION ONE: GENERAL INFORMATION

This form is to be completed by the YES Team Member who will assess the Participant during the YES Certification Process.

The form will serve:

- to identify assessors and their responsibilities; and
- as the foundation of a resource bank of YES assessors.

TEAM MEMBER NAME - Write your first name, middle initial and last name:

ADDRESS- Write your complete address including street or box, city, state and zip code. If this is a work address please include the name of your company or organization and your title or position:

PHONE NUMBERS – Write your phone numbers indicating type of number (i.e.: Fax, Home, Cell) :

EMAIL:

NAME OF PARTICIPANT BEING ASSESSED – If you are assessing more than one participant please make a copy of this form for each and list participant’s first name, middle initial and last name in this cell:

CATEGORY OF ASSESSOR - Check the box(es) that **best** describe your function as an assessor:

Employer or Business	Community Member	Educator
<input type="checkbox"/> Business Partner	<input type="checkbox"/> Tribal Elder	<input type="checkbox"/> Peer
<input type="checkbox"/> Employer	<input type="checkbox"/> Relative	<input type="checkbox"/> Teacher
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Clergy	<input type="checkbox"/> Counselor
<input type="checkbox"/> Mentor	<input type="checkbox"/> Civic Leader	<input type="checkbox"/> Administrator
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Coach	<input type="checkbox"/> Coach
<input type="checkbox"/> Other (explain):	<input type="checkbox"/> Other (explain):	<input type="checkbox"/> Other (explain):

ARE YOU A FAMILY MEMBER RELATED TO THE PARTICIPANT? – Check yes or no:

- YES
- NO

ARE YOU SERVING AS THE ADULT SPONSOR ON PARTICIPANT’S YES TEAM? - Check yes or no. One member of the Participant’s YES Team must agree to serve as an adult sponsor. This individual will assess the Participant’s employability skills, monitor their overall progress throughout the completion of the YES Portfolio, and oversee or assign another adult to oversee the writing of the Final Summary:

- YES
- NO

SECTION TWO: ASSESSMENT

The YES Participant must be assessed:

- by no less than three individuals,
- from the three different categories of employer or business person, community member and educator,
- in no less than three settings,
- over a period of time.

The minimum requirement for these assessments is a minimum of 250 hours spanning an 8 month time period. Specific requirements are as follows:

Work Setting:	Community Setting:	Educational Setting:	Single Event:
<ul style="list-style-type: none"> • Assessed by employer or business person • At least 120 hours • May occur in multiple settings with multiple employers or business persons • Comprehensive assessment of all 7 employability skills 	<ul style="list-style-type: none"> • Assessed by a community member • At least 40 hours • May occur in multiple settings with multiple community members • Comprehensive assessment of all 7 employability skills 	<ul style="list-style-type: none"> • Assessed by an educator • At least 90 hours or one semester class • May occur in multiple settings with multiple educators • Comprehensive assessment of all 7 employability skills 	<ul style="list-style-type: none"> • May be assessed by same assessor more than once as long as YES Team consists of no less than three individuals from the three different categories • At least 5 settings • Partial assessment of at least 1 of the employability skills

WHERE WILL YOUR PARTICIPANT ASSESSMENT TAKE PLACE? – Check one box:

- Work Setting
- Community Setting
- Educational Setting
- Single Event (explain):

HOW MANY HOURS WILL YOU BE OBSERVING THE PARTICIPANT THROUGHOUT THE ASSESSMENT PERIOD?

WILL YOUR ASSESSMENT BE COMPREHENSIVE OR PARTIAL? – A comprehensive assessment would assess the Participant in all seven areas listed on the YES Assessment and in the table below. Check one box:

- Comprehensive
- Partial

IF YOU ARE CONDUCTING A PARTIAL ASSESSMENT PLEASE INDICATE IN THE TABLE BELOW THE AREAS OF YOUR ASSESSMENT - Check all boxes that apply:

<input type="checkbox"/> Productive Attitude & Personal Qualities	<input type="checkbox"/> People Skills
<input type="checkbox"/> Punctuality & Attendance	<input type="checkbox"/> Critical Thinking & Problem Solving
<input type="checkbox"/> Time & Resource Allocation	<input type="checkbox"/> Business Basics
<input type="checkbox"/> Information & Analysis, Technology & Communication	

PROVIDE A NARRATIVE DESCRIPTION OF YOUR ASSESSMENT OF THE PARTICIPANT -

Example: The assessment will occur at the Boys and Girls Club (where) from 3:00 p.m. to 4:00 p.m. (when) every Tuesday and Thursday (how often) for six weeks (how long). The Participant will be refereeing 5th and 6th grade basketball games (what Participant will be doing):

SECTION THREE: SIGNATURE

BY SIGNING BELOW I AGREE TO:

- Understand the applicable elements of the YES Assessment Tool.
- Clearly establish expectations of the Participant.
- Maintain at least the minimal YES documentation required.
- Meet with the Participant as needed to discuss the Participant's progress.
- Commit to work with the Participant through the YES Certification Process.

TEAM MEMBER'S SIGNATURE:

DATE: