FRESNO REGIONAL WORKFORCE DEVELOPMENT BOARD

SOFT SKILLS CERTIFICATION EVALUATION

PARTICIPANT NAME _____ **STATE ID#** _____

ERS/ACA NAME _____ **DATE OF INTERVIEW** _____

The ERS/ACA must complete the following form to evaluate the participant's Career Readiness soft skills.

SCORING GUIDE			
"No" Needs Improvement	"No" Developing	"Yes" Acceptable	"Yes" Strong Response

PART I: APPLICATION COMPLETION & PRESENTATION		
Q1	Has the participant demonstrated punctuality by arriving on time for scheduled appointments and activities?	Yes ☐ No ☐
COMMENTS:		
Q2	Has the participant provided timely notice when they need to reschedule appointments?	Yes ☐ No ☐
COMMENTS:		
Q3	Has the participant maintained consistent communication throughout the job-ready process by demonstrating initiative, dependability, and responsiveness?	Yes ☐ No ☐
COMMENTS:		
Q4	Has the participant demonstrated positive interpersonal skills by: Interacting appropriately with AJCC staff, partners, and the public; Cooperating effectively with staff and peers; and responding appropriately to direction, feedback, and constructive criticism?	Yes ☐ No ☐
COMMENTS:		
Q5	Has the participant demonstrated positive attributes and workplace behaviors by: Following AJCC Workforce Connection guidelines and standards of conduct; Accepting responsibility for their actions; Demonstrating self-confidence; Adapting to change and demonstrating flexibility; and working effectively under pressure?	Yes ☐ No ☐
COMMENTS:		
Q6	Has the participant maintained an appropriate professional appearance by: Dressing appropriately for the workplace environment; and maintaining a neat and clean appearance?	Yes ☐ No ☐
COMMENTS:		
Q7	Has the participant completed tasks effectively by: Following instructions and directions; Asking for clarification or additional guidance when needed; Completing tasks and assignments within required timeframes; and Producing work that meets quality standards?	Yes ☐ No ☐
COMMENTS:		

All questions must be answered **"YES"** to meet the certification requirement.

If any of the questions cannot be answered with a YES, staff cannot complete the certification. Staff must review and discuss any areas marked "No" with the participant and provide individualized activities and support to help the participant meet the certification criteria. The certification form must be reviewed at least every 30 days to assess progress and determine whether the participant meets the required criteria.

All steps, activities, and resources provided to support the participant in meeting certification requirements must be documented in the participant's Individual Employment Plan/Individual Service Strategy and case notes.

The participant meets all requirements for certification	**Yes** ☐	**No** ☐

_____ _____

ERS/ACA Signature **Date of Certification**