



NEEDS ASSESSMENT FORM

This form can be used during the initial meeting with client and family as well as during home visits. It is a tool to help SWIS staff keep track of client's potential needs and for appropriate follow-up.

Client Profile		Notes
Last Name	First Name	
UCI #	Date of Birth (YYYY-MM-DD)	
Official Language of Preference <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Unknown/No Preference		
Consent for Future Research/Consultation <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact Information		
Phone Number	Email Address	
Address Information		
Street Number	Unit/Suite/Apt	
Street Name	City	
Street Type	Province SK	
Street Direction	Postal Code	
Assessment		
Postal Code where the service was received		
Start Date (YYYY-MM-DD)		

Language of Service		Notes
Official Language of Preference <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Unknown/No Preference		
Type of Institution/Organization where Client Received Services		
Referred by		
IRCC Program Needs	Referrals	
Increase knowledge of		
• <i>Life in Canada</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <i>Community and Government Services</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <i>Working in Canada</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <i>Education in Canada</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Increase the following		
• <i>Social networks</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <i>Professional networks</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <i>Access to local community services</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <i>Level of community involvement</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Improve language skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immediate need for improving the client's language skills <input type="checkbox"/> Find employment <input type="checkbox"/> Get an education <input type="checkbox"/> Participate in Canadian society <input type="checkbox"/> Acquire citizenship		
Improve other skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immediate need for improving the client's other skills <input type="checkbox"/> Find employment <input type="checkbox"/> Get an education <input type="checkbox"/> Participate in Canadian society <input type="checkbox"/> Acquire citizenship		
Find employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Timeframe <input type="checkbox"/> Within one year <input type="checkbox"/> After one year		

<p>Minimum one year's work experience?</p> <p><input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes, within Canada</p> <p><input type="checkbox"/>Yes, outside Canada</p> <p><input type="checkbox"/>Yes, both within and outside Canada</p>	<p>Notes</p>
<p>Intends to work in an occupation corresponding to which National Occupation Classification skill level?</p> <p><input type="checkbox"/>O – Management Occupations (Includes legislators, senior, middle and other management occupations)</p> <p><input type="checkbox"/>A – Professional (Occupations usually requiring university education)</p> <p><input type="checkbox"/>B – Skilled and Technical (Occupations usually requiring college education or apprenticeship training)</p> <p><input type="checkbox"/>C – Intermediate and Clerical (Occupations usually requiring secondary school and/or occupation-specific training)</p> <p><input type="checkbox"/>D – Elemental and Labourers (Occupations where on-the-job training is usually provided)</p>	
<p>Intends to obtain credential recognition or obtain license to work in Canada?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Unknown/Not sure</p>	
<p>Client intends to become a Canadian citizen?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Unknown/Not sure</p>	
<p>Support Services Required <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Care for Newcomer Children</p> <p><input type="checkbox"/>Transportation</p> <p><input type="checkbox"/>Provisions for Disabilities</p> <p><input type="checkbox"/>Translation</p> <p><input type="checkbox"/>Interpretation</p> <p><input type="checkbox"/>Crisis Counselling</p>	

Non-IRCC Program Needs	Referrals	Notes
Food/Clothing/Other Material Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing/Accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health/Mental Health/Well Being	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Language (Non-IRCC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education/Skills Development	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Related	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Information and Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Support Services Received <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Care for Newcomer Children <input type="checkbox"/> Transportation <input type="checkbox"/> Provisions for Disabilities <input type="checkbox"/> Translation (From _____ to _____) <input type="checkbox"/> Interpretation (From _____ to _____) <input type="checkbox"/> Crisis Counselling		
Complete		
Settlement plan completed and shared with client <input type="checkbox"/> Yes <input type="checkbox"/> No		
End Date (YYYY-MM-DD)		