

Get on board the eTrain!



eTrain Course

Assessment: The Foundation for Effective Case Management (6 contact hours)

Know your customers! Assist them with goal setting! Help develop a good plan! Promote success! What do these things have in common? They all begin with a good assessment. And that's why we call assessment "the foundation for case management".

Many people think of assessment as testing, but in reality assessment is much more than giving tests. Assessment is all about getting to know your customers better. And it is also about helping them get to know themselves better, too.

In this eCourse, students will:

- ⇒ discuss the difference between formal and informal assessment
- ⇒ review the "5-W's" associated with a good assessment
- ⇒ understand how O-Net fits into the assessment process
- ⇒ explore the importance of "reasonable accommodations" during assessment
- ⇒ examine the many benefits and pitfalls of computerized tests
- ⇒ build knowledge and skills to enhance interviewing techniques
- ⇒ discuss how to use this information in a practical way back at the workplace.

**To register print the following registration form and fax to
(919) 329-5599.**

eTRAIN REGISTRATION FORM

Please complete one form per course, per person. * All information must be complete!

Name of course: **Assessment: The Foundation of Effective Case Management**

Name _____

Title _____

Employing Agency _____
(name as it should appear on your name badge)

Agency Address _____

City _____ State _____ ZIP _____

Agency Phone _____ Fax _____

Email _____
(confirmation will be sent via email approx. one week prior to training date)

Special Needs: _____

Return to: Workforce Development Training Center ♦ 4351 Mail Service Center
Raleigh, NC 27699-4351 ♦ FAX 919-329-5599
mbarefoot@nccommerce.com

REGISTRATION FEE: \$90.00

Please fax in a copy of this form and send in original with your payment. Make check or money order payable to NC Dept of Commerce/Workforce (FEID: 56-1611847)

For WDTC Office Use Only

Date Registered _____ Reg. # _____ Date Paid _____

Amount Paid _____ Deposit Date _____

Check # _____ Agency _____ Personal _____