<table>
<thead>
<tr>
<th><strong>Topic Area(s)</strong></th>
<th><strong>Assessment</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Generating Assessment Questions</td>
</tr>
<tr>
<td><strong>Last Revised</strong></td>
<td>3/8/07</td>
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<tr>
<td><strong>Time Required</strong></td>
<td>20 minutes</td>
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</tbody>
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**Purpose**: To provide practice in generating open ended questions on different topics related to the assessment. Also to provide practice in identifying what is and what is not an open ended question.

**Audience**: staff, partners

**Method**: Small group brainstorm & writing on chart pack, gallery tour

**Materials**
- Sticky chart pack paper or chart pack paper and tape
- Copies of follow-up handout at end of this document
- Chart pack/water color markers of different colors

**Pre-Class Preparation**: Give each table a mixture of colored markers so each participant at a single table has a different color.

**Special Considerations**: This activity uses a follow-up handout from Dr. Ford’s 12 page handout titled “Individual Assessment Guide.” If planning to use the Individual Assessment Guide, do this activity first if wanting to practice developing open questions related to Assessment. This activity also is well placed as part of practicing open questions- Chapter 3.

**References or Resources**
- Dr. Ford’s workbook chapter 9, Asking Questions & chapter 3, Assessment.
- Dr. Ford’s Individual Assessment Guide (12 pg handout)

**Contact(s)**
- Pam Prichard (503) 947-5159 Training
Set up
Put blank chart pack sheets on the Wall and write on the top
1. Your Family
2. Your Work Experience
3. More Work Experience
4. Your Education
5. Your Health
6. Your Finances
7. Your Goals/What I Don’t like About My Life
8. What I Would Like to Have in My Life
9. Strengths
10. Problems to Solve
11. What Help do You Need?

Brainstorming Questions in Small Group:

Instructions (3 minutes): Assign small groups to two or more of the topics so all are covered and have them write out open questions that could be used in the assessment related to the topic. Have each group member use a different color of marker if possible to encourage maximum participation. Note that for Dr. Ford, open ended questions may start with Who or What, E.g., “Who do you think will help you?”, “What is going well?, etc. They allow more than a yes/no or one word answer.

Small Group Brainstorm (7-10 minutes): Allow 7-10 minutes for groups to brainstorm and write their open questions on chart pack paper.

Gallery Tour: (5 minutes): When all groups have finished brainstorming, have the groups move in the same direction around the room for a gallery tour.
Arrange gallery tour so chart packs on same topic are together. Allow others to add questions as part of gallery tour. Ask them to note if they see a question that is not an open question.

Ask if they had uncertainty about any of the questions being open questions and if so, discuss.

**Supporting Handout:** Pass out supporting handout provided at the end of this guide which is taken from Dr. Ford’s Individual Assessment Guide.

**Option:** Collect their questions and type up and provide to the group later.
SAMPLE ASSESSMENT QUESTIONS
From Dr. Fords Individual Assessment Guide

These questions are designed to prompt your thinking so you can develop other good questions.

Your Family
1. Who could help you with the person you are caring for? How does the help you provide for this person affect your ability to work?
2. What help would these people provide?
3. What would this person say or do to discourage you from working?
4. How would your children feel about your working?
5. What would other family members say about your working?
6. What things do you do now for your children and family that would have to change when you go to work?

Your Work Experience
1. Describe all the things you did on this job in a typical day.
2. What did you do well on this job?
3. What helped you keep this job?
4. Who helped you with childcare, transportation, work expenses?
5. What have you done to solve the problems you had on this job?
6. What would this employer say about you?
7. What people from your past jobs could you contact about job leads?
8. Of the jobs you have had, which ones would you do or not do again?
9. What did you learn from each job you had?
10. What did you like about having a job? What was difficult about working?

More Work Experience
1. Describe the things you did to earn extra money. How did you get started doing this?
2. Who do you know from this job that could help you find work?
3. Describe what you did when you helped at kids’ school, church, etc.
4. How did you get involved with this activity?
5. Who do you know from your volunteering that could help you find work?
6. For the people you have helped: What help would they give you for work?
7. How would your helping them affect your working?

Your Education
1. How do you feel about the amount of education you have?
2. What helped you get that far in school?
3. What problems has your education caused you in finding a job?
4. What were you good at in school?
5. Who do you know from school that could help you find work?
6. Schooling beyond high school: What made you decide to further your education?
7. Who helped you with school?
8. What did you do to make completing school successful?
9. What would it take to turn your hobby into extra income?

Your Health
1. What is it you cannot do because of your health problems?
2. What are you able to do in spite of your health problems?
3. What does your doctor say you could do to make your health problem more manageable?
4. What have you learned about dealing with this problem?

Your Finances
1. What do you do well to manage the money you have now?
2. What can’t you do for you and your children because of the income you have now?
3. What have you done to solve this financial problem? What would it take to make this better?
4. How will this problem keep you from finding a job?

Your Goals
What I Don’t Like About My Life
1. What bothers you most about where you live now?
2. What can’t you buy for yourself that you would really like to have?
3. How do you feel when you can’t buy things your children want?
4. What problems is the car you have causing you?
5. What is difficult about not having a car of your own?
6. What do you dislike most about using public assistance?
7. Talk about how it feels to have others controlling your life.
8. What bothers you most about depending on friends and relatives?
9. What is the problem with where you have to shop?
10. What bothers you about not being able to go on a nice vacation?
11. How do you feel when you can’t help people who have helped you?
12. How do you feel when people look down on you for being on welfare?

What I Would Like to Have In My Life
1. Describe where you would like to live.
2. What would you buy for yourself that you can’t buy now?
3. How would you spend your money if you could spend it the way you want to?
4. If you were more independent of family and friends, what could you do that you can’t do now?
5. Tell me about the furniture you would buy if you could have what you want.
6. Where would you go on a vacation for you?
7. Where would you take your kids?
8. If you would free of welfare rules, what would be better about your life?
9. What help would you like to give the people who have helped you?
Strengths
1. What have you done to help friends, family or neighbors?
2. Who would watch your children while you look for work? How do you get them to help you?
3. What did you do so you could finish high school or GED?
4. What did you do to get yourself enrolled in school or training?
5. Who would help you with a ride to school or work? How do you get them to help you?
6. What do you do to stay in good health?
7. What is good about having the kids in school or day care?
8. What do you do to keep your children in good health?
9. Who do you know that could help you find work? How could you ask them for help?
10. What do you do for your church, kids’ school, or community that you are proud of?
11. What good things do other people have to say about you?
12. What help could you get from family and friends? How do you get them to help you?
13. What support could you get from your boyfriend or spouse? How do you get him/her to help you?
14. What problems have you overcome? How did you do this?
15. What kinds of problems are you good at solving?
16. What would you say to an employer to show that you would be a good employee?

Problems to Solve
1. Of the problems you have mentioned, tell me which one you think you need to work on first, second, third, etc.
2. How does this problem affect your ability to work on your goals?
3. What have you done so far to work on this problem?
4. What do you think you could do to solve the problems you see as standing in your way?
5. When you have had a problem in the past, what did you do to work on it?
6. Who do you know that could help with each of these problems? How could you ask them for help?
7. What do you think would make it difficult to get started working on this problem?

What Help Do You Need
1. You have named several things you need help with. Where do you think we should start?
2. Let’s make a list of all the people you know who can help you with each of these
3. What were you planning to do that would involve childcare/transportation help from us?
4. What do you know about help available for this problem? How would you feel about getting help with this?