



FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY – SKILLS LINK PROGRAM MENTORED AND ICT WORK PLACEMENTS – YOUTH EVALUATION

The information you provide in this document is collected under the authority of *Indian Act, R.S.C., 1985, c. I-5, s. 4(3) and s.114-122 on elementary and secondary education for the purpose of delivering First Nations and Inuit Youth Employment Strategy programs and services*. Information on individuals is used by Indian and Northern Affairs Canada's First Nations and Inuit Youth Employment Strategy Program employees who need to know the information in order to respond to your request and/or the program requirements. We only share the information you give us with *Human Resources & Skills Development Canada*. The personal information will be kept for a period of 5 years and will then be transferred to Library and Archives Canada. Individuals have the right to the protection of and access to their personal information under the *Privacy Act* <http://lois.justice.gc.ca/en/P-21/index.html>. The information collected is described under the *Personal Information Bank INA PPU 604* which is detailed at www.infosource.gc.ca.

SECTION 1 - TO BE COMPLETED AT THE BEGINNING OF THE WORK EXPERIENCE BY THE YOUTH

1. Personal Profile

1.1 First Nation / Community Name or Organization Name	
1.2 Given Name	1.3 Family Name
1.4 Permanent Address	1.7 Postal Code
1.5 City	1.8 Telephone
1.6 Province or Territory of Residence	
1.9 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	1.10 Date of birth (YYYY/MM/DD)
1.11 Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.12 Highest level of education completed (Check one box only) <ul style="list-style-type: none"> • Grade 8 or less <input type="checkbox"/> , Between Grade 9 and 12 <input type="checkbox"/> • High school completed <input type="checkbox"/> • College (including CEGEP, Professional Institute) incomplete <input type="checkbox"/> , or completed <input type="checkbox"/> • Apprenticeship programs – incomplete <input type="checkbox"/> , or completed <input type="checkbox"/> • University – Bachelor – incomplete <input type="checkbox"/> , or completed <input type="checkbox"/> • University – Master's or PhD - incomplete <input type="checkbox"/> , or completed <input type="checkbox"/> 	
1.13 Start Date of Employment (YYYY/MM/DD) _____ End Date of Employment (YYYY/MM/DD) _____	
1.14 What was your status at the start of the program? <input type="checkbox"/> Under-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student	1.15 Currently in receipt of employment insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
1.16 Name of Employer	1.17 Job Position Title

SECTIONS 2 to 6 - TO BE COMPLETED AT THE END OF THE WORK PLACEMENT

(If the youth was not available to complete the evaluation at the end of the work placement, the Skills Link Program Administrator is to complete Section 2 and sign the form at the bottom of page 2.)



2. Length of Work Placement

2.1 Did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	2.2 If you did not complete the program, indicate why: <input type="checkbox"/> Found a job <input type="checkbox"/> Moved <input type="checkbox"/> Returned to school <input type="checkbox"/> Family Responsibilities <input type="checkbox"/> Other <input type="checkbox"/> Unknown
2.3 Number of Hours Worked	2.4 End Date of Employment (YYYYMMDD)

3. Status After Your Work Placement

3.1 What is your status now that the work placement is over? <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Searching for a job <input type="checkbox"/> Returning to school / Taking training
3.2 If returning to school, what level of study will you be pursuing? <input type="checkbox"/> Secondary <input type="checkbox"/> Post-secondary <input type="checkbox"/> Graduate School <input type="checkbox"/> Trade

4. Skills and Knowledge Gained

4.1 What employability skills do you feel you developed during this work placement? Check all that apply. <input type="checkbox"/> Communication <input type="checkbox"/> Adaptability <input type="checkbox"/> Continuous learning <input type="checkbox"/> Managing information <input type="checkbox"/> Working safely <input type="checkbox"/> Working with others <input type="checkbox"/> Using numbers <input type="checkbox"/> Demonstrating positive attitudes and behaviours <input type="checkbox"/> Being responsible <input type="checkbox"/> Thinking and solving problems <input type="checkbox"/> Participating in projects and tasks <input type="checkbox"/> Other <input type="checkbox"/> Computer / technology skills <input type="checkbox"/> Traditional skills (plants, medicines, spirituality, artisan, fishing, hunting, etc)
4.2 Did you receive a certificate as a result of your work placement? (e.g. First Aid, Waste Management, Health and Safety, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:

5. Personal Reflection

5.1 Do you feel you are more employable as a result of your work placement?	<input type="checkbox"/> Absolutely <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
5.2 Are you more aware of the benefits of completing your education?	<input type="checkbox"/> Absolutely <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
5.3 Are you more aware of the different types of jobs that are available?	<input type="checkbox"/> Absolutely <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
5.4 Are you more aware of the type of work you would like to do?	<input type="checkbox"/> Absolutely <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
5.5 Are you more interested in taking science, math and/or technology courses?	<input type="checkbox"/> Absolutely <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all
5.6 Overall, were you satisfied with your work placement?	<input type="checkbox"/> Absolutely <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all

6. Success Stories / Suggestions (Please refrain from inputting personal information into any of free text or comment boxes)

6.1 What were the most positive aspects of your work placement?



6.2 What could be done to improve your work placement and/or the program?

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I agree to let Indian and Northern Affairs Canada use the information in this report for evaluation and promotional purposes.

Given Name	Family Name	
Title	Date (YYYYMMDD)	