



## FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY CO-OPERATIVE EDUCATION PLACEMENT - YOUTH EVALUATION

The information you provide in this document is collected under the authority of Treasury Board's policy on Transfer Payments for the purpose of delivering Youth Employment Strategy programs and services. Information on individuals is used by Indian and Northern Affairs Canada Education employees who need to know the information in order to respond to your request and/or the program requirements. We share the information you give us with the department of Human Resources and Social Development. 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://laws.justice.gc.ca/en/showdoc/cs/p-21>. The information collected is described under the Personal Information Bank INA PPU 604 which is detailed at [www.infosource.gc.ca](http://www.infosource.gc.ca).

### 1. Personal Profile

1.1 Given Name		1.2 Family Name	
1.3 Permanent Address		1.4 Telephone	
		1.5 Email (optional)	
1.6 First Nation / Community Name		1.7 School Name	
1.8 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	1.9 How old are you?	1.10 What grade are you in?	1.11 Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.12 Start Date of Co-op Work Placement (YYYYMMDD)		1.13 End Date of Co-op Work Placement (YYYYMMDD)	
1.14 Name of Employer		1.15 Job Position Title	
1.16 Number of Hours Worked		1.17 Did you complete your co-op work placement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.18 If you did not complete your co-op work placement, indicate why: <input type="checkbox"/> Did not like the job placement <input type="checkbox"/> Family responsibilities <input type="checkbox"/> Moved <input type="checkbox"/> Left school <input type="checkbox"/> Other			

### 2. Skills and Knowledge Gained

2.1 What employability skills do you feel you developed during this co-op work placement? Check all that apply.	
<input type="checkbox"/> Communication	<input type="checkbox"/> Adaptability
<input type="checkbox"/> Managing information	<input type="checkbox"/> Working safely
<input type="checkbox"/> Using numbers	<input type="checkbox"/> Demonstrating positive attitudes and behaviours
<input type="checkbox"/> Thinking and solving problems	<input type="checkbox"/> Participating in projects and tasks
<input type="checkbox"/> Computer / technology skills	<input type="checkbox"/> Traditional skills (plants, medicines, spirituality, artisan, fishing, hunting, etc)
2.2 Did you receive a certificate as a result of your co-op work placement? (e.g. First Aid, Waste Management, Health and Safety, etc)	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify type: _____	
2.3 Did you receive high school credits for participating in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

