



FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY SUMMER WORK EXPERIENCE PROGRAM - 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.

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 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	1.8 How old are you?	1.9 Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.10 What level of study were you in prior to participating in the program? <input type="checkbox"/> Secondary <input type="checkbox"/> Post-Secondary			
1.11 Start Date of Employment (YYYYMMDD)		1.12 End Date of Employment (YYYYMMDD)	
1.13 Name of Employer		1.14 Job Position Title	
1.15 Number of Weeks Worked		1.16 Did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.17 If you did not complete the program, indicate why: <input type="checkbox"/> Did not like the job placement <input type="checkbox"/> Found a better job <input type="checkbox"/> Family responsibilities <input type="checkbox"/> Moved <input type="checkbox"/> Other			

2. Skills and Knowledge Gained

2.1 What employability skills do you feel you developed during this summer work experience? 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"/> 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 the summer work experience? (e.g. First Aid, Waste Management, Health and Safety, etc)		
<input type="checkbox"/> No <input type="checkbox"/> Yes (specify type):		



3. Personal Reflection

3.1 What were your goals prior to this summer work experience? Check all that apply.			
<input type="checkbox"/> Gain experience to advance my career	<input type="checkbox"/> Gain experience to better understand my career options		
<input type="checkbox"/> Gain experience to advance my studies	<input type="checkbox"/> Needed the money to help me stay in school	<input type="checkbox"/> Other	
Indicate how you rate your summer work experience in the following areas:			
3.2 Do you feel more employable as a result of your work experience?	<input type="checkbox"/> Absolutely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at all
3.3 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
3.4 Are you more aware of the different types of jobs available?	<input type="checkbox"/> Absolutely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at all
3.5 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
3.6 Overall, how satisfied are you with your summer work experience?	<input type="checkbox"/> Absolutely	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at all

4. Success Stories / Suggestions

4.1 What were the most positive aspect(s) of your summer work experience?
4.2 What could be done to improve your summer work experience and/or the program?

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

Given Name	Family Name
Signature	Date (YYYYMMDD)