

SHIOWX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD
P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807)-737-4047, Toll free 1-800-563-2183
INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM

PROGRAM CLOSE-OUT SUMMARY FORM

This form needs to be completely filled out at the conclusion of the agreement by the Employer/Sponsor in order to determine if the objectives and goals of the program was met through SLAAMB's interventions.

Employer/Sponsor: _____ **FILE #:** _____
Address: _____

Type of Program: _____

Start Date: _____ **End Date:** _____

Which of the objectives/goals of the program did you feel were met? (Skill development, employment measures, administration and etc.)

Were there any problems/concerns with the program?

Name of Participants:

Activity of Participants After Completion
(Use Employment Impact Codes Below)

_____	Comments: _____
_____	Comments: _____
_____	Comments: _____
_____	Comments: _____
_____	Comments: _____
_____	Comments: _____
_____	Comments: _____
_____	Comments: _____
_____	Comments: _____
_____	Comments: _____

Employment Impact Codes:

- | | | | |
|-------------------------|-----------------------|---------------------|-----------------|
| 1. On-going Job Created | 2. Full-time | 3. Part-time | 4. Seasonal |
| 5. Other Jobs Obtained | 6. Returned to School | 7. Returned to O.W. | 8. Went on E.I. |

I certify the information is true and correct to the best of my knowledge and in accordance with the agreement signed with SLAAMB.

Signature: _____ **Print Name:** _____ **Date:** _____

Project Officer Signature: _____ **Print Name:** _____ **Date:** _____