**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, 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.) Specify: |
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|  |
|  |

|  |  |
| --- | --- |
| 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: |  |

|  |
| --- |
| Employment Impact Codes: |
| 1. On-going Job Created
 | 1. Full-time
 | 1. Part-time
 | 1. Seasonal
 |
| 1. Other Jobs Obtained
 | 1. Returned to School
 | 1. Returned to O.W.
 | 1. 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer/SponsorSignature: |  | Print Name: |  | Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Officer Signature: |  | Print Name: |  | Date: |  |