SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD
P.O. BOX 56, SIOUX LOOKOUT, ONTARIO P8T 1A1
TEL. (807)737-4047, FAX (807)737-4048 or (807)737-2874, TOLL FREE 1-800-563-2183

PROGRAM CLOSE-OUT SUMMARY FORM

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

Employer/Sponsor: _____**Address:** _____
_____ _____
Type of Program: _____ **File Number:**
Start and End Date: _____

Were the objectives/goals of the program met? (Skill development, employment measures, administration and etc.)
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Were there any problems/concerns with the program?

Name of Participants: **Activity of participant after completion (Use employment impact codes below)**
_____ **Comments:** _____
_____ **Comments:** _____
_____ **Comments:**
_____ **Comments:**
_____ **Comments:**
_____ **Comments:**
_____ **Comments:** _____
_____ **Comments:**
_____ **Comments:** _____ -
Comments: _____

1. On-Going Job Created **2. Full-Time** **3. Part-Time** **4. Seasonal**
5. Other Jobs Obtained **6. Returned to School** **7. Returned to Welfare** **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:**_____

For the SLAAMB office:
Project Officer: _____ **Print Name** _____ **Date:**_____