**CaMS Quality Assessment Checklist**

Learner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Input by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **A. CONTACT INFORMATION** | **Complete** | **Notes** | **Verified** |
| Service Delivery Site |  |  |  |
| First Name |  |  |  |
| Last Name |  |  |  |
| Middle Name |  |  |  |
| Sex |  |  |  |
| Date of Birth |  |  |  |
| Country of Birth |  |  |  |
| Status in Canada |  |  |  |
| Marital Status |  |  |  |
| Preferred Language of Service |  |  |  |
|  |  |  |  |
| **ADDRESS** |  |  |  |
|  |  |  |  |
| Unit/Suite/Apt |  |  |  |
| Street |  |  |  |
| City |  |  |  |
| Province |  |  |  |
| Postal Code |  |  |  |
| Email Address |  |  |  |
|  |  |  |  |
| **BACKGROUND** |  |  |  |
|  |  |  |  |
| Referred in |  |  |  |
|  |  |  |  |
| **EDUCATION** |  |  |  |
|  |  |  |  |
| Institution |  |  |  |
| Qualification |  |  |  |
| Program |  |  |  |
| Start Date |  |  |  |
| End Date |  |  |  |
| Type |  |  |  |
| Country |  |  |  |
| **EMPLOYMENT** |  |  |  |
|  |  |  |  |
| Employment Type |  |  |  |
| Country |  |  |  |
| Employer |  |  |  |
| Job Title |  |  |  |
| Employment Hours per week |  |  |  |
| From Date |  |  |  |
| To Date |  |  |  |
| Reason for Leaving |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **B. CLIENT SUMMARY** |  |  |  |
|  |  |  |  |
| Goal Path |  |  |  |
|  |  |  |  |
| **LANGUAGE** |  |  |  |
|  |  |  |  |
| Language Spoken at Home |  |  |  |
| Language Spoken at Last Workplace |  |  |  |
| Service Provision Language |  |  |  |
|  |  |  |  |
| **SOURCE OF INCOME** |  |  |  |
|  |  |  |  |
| Source of Income |  |  |  |
|  |  |  |  |
| **EDUCATION** |  |  |  |
|  |  |  |  |
| Highest Level Completed |  |  |  |
| Country Highest Level Completed |  |  |  |
| Time Out of Formal Education |  |  |  |
| Time Out of Training |  |  |  |
| History of Interrupted Education |  |  |  |
|  |  |  |  |
| **EMPLOYMENT** |  |  |  |
|  |  |  |  |
| Labor Force Attachment |  |  |  |
| Employment Experience |  |  |  |
| Registered Apprentice |  |  |  |
| Time Out of Work |  |  |  |
|  |  |  |  |
| **C. GOAL PATH & OALCF COMPETENCIES** |  |  |  |
|  |  |  |  |
| Goal Path |  |  |  |
| Task Group |  |  |  |
| Expected Outcome |  |  |  |
| Milestone |  |  |  |
| Expected Start Date |  |  |  |
| Expected End Date |  |  |  |
| Actual Start Date |  |  |  |
| Actual End Date |  |  |  |
| Delivery Method |  |  |  |
| Blended Learning |  |  |  |
| Status |  |  |  |
| Outcome |  |  |  |
|  |  |  |  |
| **G. Other Supports Learner is Accessing** |  |  |  |
|  |  |  |  |
| Learner Signature |  |  |  |
| LBS Service Provider |  |  |  |
|  |  |  |  |
| **H. Close Service Plan** |  |  |  |
|  |  |  |  |
| Closure Reason |  |  |  |
| Customer Satisfaction |  |  |  |
| Outcome |  |  |  |
|  |  |  |  |
| **ASSESSMENT** |  |  |  |
|  |  |  |  |
| Date of Exit Learner Gains Score |  |  |  |
| Culminating Task Completed |  |  |  |
| Goal Path Completed |  |  |  |
|  |  |  |  |

**Participant Registration Form**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Notice of Collection & Consent |  |  |  |
| NOC |  |  |  |
| NAICS |  |  |  |
|  |  |  |  |