**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 |  |  |  |
|  |  |  |  |