

Service Provider Use Only

Case Reference	Person Reference

Name and Contact Information

Last Name	First Name	Middle Initial
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Address

Unit Number	Street Number	Street Name	PO Box
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City/Town	Province	Postal Code
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Primary Phone Number

☐ Home ☐ Mobile ☐ Other

Telephone Number _____ ext. _____

Alternate Phone Number

☐ Home ☐ Mobile ☐ OtherTelephone Number _____ ext. _____Email Address

Outcome at Exit

Reviewer	Actual Start Date (DD/MM/YYYY)
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Details

Reason for Closure

<input type="checkbox"/> Change of Goal	<input type="checkbox"/> Completion	<input type="checkbox"/> Opened in Error	<input type="checkbox"/> Training Provider Closed
<input type="checkbox"/> Client Deceased	<input type="checkbox"/> Found Work Related to Goal	<input type="checkbox"/> Other	<input type="checkbox"/> Unable to Contact Client
<input type="checkbox"/> Client Moved	<input type="checkbox"/> Found Work Unrelated to Goal	<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> Unsatisfactory Training Provider
<input type="checkbox"/> Client Started a Business	<input type="checkbox"/> Left Labour Force	<input type="checkbox"/> Program Unsuitable	<input type="checkbox"/> Service Provider Closed

Customer Satisfaction

On a Scale of 1 to 5, how likely are you to recommend the LBS Program to someone looking for similar services?

☐ 1 – strongly not recommended ☐ 2 – rather not recommend ☐ 3 – no general opinion ☐ 4 – generally recommend

☐ 5 – strongly recommend ☐ No Response – Client did not respond to survey

Answer the following questions by selecting one of the provided options

As a result of participating in LBS program, your employment situation has improved.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

As a result of participating in LBS program, you are better prepared to find and maintain employment.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

As a result of participating in LBS program, you have developed and/or increased skills.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

Outcome

☐ Both employed and in Education

☐ Employed Full-Time

☐ In training – ESL/FLS

☐ Independent

☐ Both employed and in training

☐ In education – post secondary

☐ In training – Federal

☐ Self-Employed

☐ Employed Apprentice

☐ In education – OSSD or equivalent

☐ In training – MCI Bridge projects

☐ Unable to work

☐ Employed in a more suitable job

☐ In education – academic upgrading

☐ In training – Second Career

☐ Unemployed

☐ Employed in a professional occupation/trade

☐ In education – other

☐ In training – other EO training initiatives

☐ Unknown

☐ Employed in area of training/choice

☐ In training – EO Literacy

☐ In training – other occupational skills training

☐ Volunteer

☐ Employed Part-Time

Employment

Employment Type

☐ Paid☐ Placement Hire☐ Self-Employment☐ Unpaid☐ Volunteer

Country of Employment

Employer

Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Job Title
Employment Hours Per Week	Wage Amount (\$)	Pay Period <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Month <input type="checkbox"/> Year
National Occupational Classification (NOC)		North American Industry Classification System (NAICS)

Comments

In Education or In Training

Institution

Qualification

Type
☐ Full-Time☐ Part-Time

Start Date (DD/MM/YYYY)

End Date (DD/MM/YYYY)

Country of Institution

Comments

Assessment

Exit Learner Gains Score:

Reading

Document Use

Numeracy

Date of Exit Assessment (DD/MM/YYYY)

Has the goal path specific Culminating Task been successfully completed?

☐ Yes☐ No☐ No Response

Has the learner completed all goal path requirements identified in the learner plan?

☐ Yes ☐ No ☐ No Response

Self Reported Learner Weekly Time Commitment?

Outcome at 3 Months

Reviewer	Actual Start Date (DD/MM/YYYY)	Completed Date (DD/MM/YYYY)
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Answer the following questions by selecting one of the provided options

As a result of participating in LBS program, your employment situation has improved.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

As a result of participating in LBS program, you are better prepared to find and maintain employment.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

As a result of participating in LBS program, you have developed and/or increased skills.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

Outcome

- ☐ Both employed and in Education
- ☐ Employed Full-Time
- ☐ In training – ESL/FLS
- ☐ Independent
- ☐ Both employed and in training
- ☐ In education – post secondary
- ☐ In training – Federal
- ☐ Self-Employed
- ☐ Employed Apprentice
- ☐ In education – OSSD or equivalent
- ☐ In training – MCI Bridge projects
- ☐ Unable to work
- ☐ Employed in a more suitable job
- ☐ In education – academic upgrading
- ☐ In training – Second Career
- ☐ Unemployed
- ☐ Employed in a professional occupation/trade
- ☐ In education – other
- ☐ In training – other EO training initiatives
- ☐ Unknown
- ☐ Employed in area of training/choice
- ☐ In training – EO Literacy
- ☐ In training – other occupational skills training
- ☐ Volunteer
- ☐ Employed Part-Time

Employment

Employment Type	Country of Employment
<input type="checkbox"/> Paid <input type="checkbox"/> Placement Hire <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer	

Employer

Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Job Title
Employment Hours Per Week	Wage Amount (\$)	Pay Period <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Month <input type="checkbox"/> Year
NOC	NAICS	

Comments

In Education or In Training
Institution

Qualification		Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Country of Institution
Comments		

Outcome at 6 Months

Reviewer	Actual Start Date (DD/MM/YYYY)	Completed Date (DD/MM/YYYY)
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Answer the following questions by selecting one of the provided options

As a result of participating in LBS program, your employment situation has improved.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

As a result of participating in LBS program, you are better prepared to find and maintain employment.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

As a result of participating in LBS program, you have developed and/or increased skills.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

Outcome

<input type="checkbox"/> Both employed and in Education	<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> In training – ESL/FLS	<input type="checkbox"/> Independent
<input type="checkbox"/> Both employed and in training	<input type="checkbox"/> In education – post secondary	<input type="checkbox"/> In training – Federal	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Employed Apprentice	<input type="checkbox"/> In education – OSSD or equivalent	<input type="checkbox"/> In training – MCI Bridge projects	<input type="checkbox"/> Unable to work
<input type="checkbox"/> Employed in a more suitable job	<input type="checkbox"/> In education – academic upgrading	<input type="checkbox"/> In training – Second Career	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Employed in a professional occupation/trade	<input type="checkbox"/> In education – other	<input type="checkbox"/> In training – other EO training initiatives	<input type="checkbox"/> Unknown
<input type="checkbox"/> Employed in area of training/choice	<input type="checkbox"/> In training – EO Literacy	<input type="checkbox"/> In training – other occupational skills training	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Employed Part-Time			

Employment

Employment Type <input type="checkbox"/> Paid <input type="checkbox"/> Placement Hire <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer	Country of Employment
Employer	

Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Job Title
Employment Hours Per Week	Wage Amount (\$)	Pay Period <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Month <input type="checkbox"/> Year
NOC		NAICS
Comments		

In Education or In Training
Institution

Qualification		Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Country of Institution
Comments		

Outcome at 12 Months

Reviewer	Actual Start Date (DD/MM/YYYY)	Completed Date (DD/MM/YYYY)
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Answer the following questions by selecting one of the provided options

As a result of participating in LBS program, your employment situation has improved.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

As a result of participating in LBS program, you are better prepared to find and maintain employment.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

As a result of participating in LBS program, you have developed and/or increased skills.

☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

Outcome

<input type="checkbox"/> Both employed and in Education	<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> In training – ESL/FLS	<input type="checkbox"/> Independent
<input type="checkbox"/> Both employed and in training	<input type="checkbox"/> In education – post secondary	<input type="checkbox"/> In training – Federal	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Employed Apprentice	<input type="checkbox"/> In education – OSSD or equivalent	<input type="checkbox"/> In training – MCI Bridge projects	<input type="checkbox"/> Unable to work
<input type="checkbox"/> Employed in a more suitable job	<input type="checkbox"/> In education – academic upgrading	<input type="checkbox"/> In training – Second Career	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Employed in a professional occupation/trade	<input type="checkbox"/> In education – other	<input type="checkbox"/> In training – other EO training initiatives	<input type="checkbox"/> Unknown
<input type="checkbox"/> Employed in area of training/choice	<input type="checkbox"/> In training – EO Literacy	<input type="checkbox"/> In training – other occupational skills training	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Employed Part-Time			

Employment

Employment Type <input type="checkbox"/> Paid <input type="checkbox"/> Placement Hire <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer	Country of Employment
Employer	

Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Job Title
Employment Hours Per Week	Wage Amount (\$)	Pay Period <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Month <input type="checkbox"/> Year
NOC		NAICS
Comments		

In Education or In Training
Institution

Qualification		Type
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Country of Institution

Comments
