

TRAINING CHECKLIST AND EVALUATION

The collection, use and/or disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

Employee Name	SAS Name
Trained From:	Trained To:
Office Code/Program	Number of Days Trained

This Checklist and Evaluation form documents the training received, performance levels attained, and follow-up plans for areas where additional practice and training is required.

Training Completed	Objective	Performance Evaluation			Comments and Follow-up Plans
		Good	Satisfactory	Requires Additional Training/Practice	
<input type="checkbox"/>	Understands the importance of the office Violence in the Workplace Response Plans, Emergency Evacuation Plans and office Violent Incident Plan as it relates to the Occupational Safety and Health Regulations				
<input type="checkbox"/>	Understands and practices individual and office responsibility for security				
<input type="checkbox"/>	Manages telephone calls with courtesy and efficiency and accurate information and passes information accordingly				
<input type="checkbox"/>	Describes the services provided by MEIA to the public				
<input type="checkbox"/>	Uses plain language rather than jargon				
<input type="checkbox"/>	Accesses information in the District Office System User Guide				
<input type="checkbox"/>	Ensures information received from participant is accurately recorded on the history screen				

Training Completed	Objective	Performance Evaluation			Comments and Follow-up Plans
		Good	Satisfactory	Requires Additional Training/Practice	
<input type="checkbox"/>	Accesses written and electronic sources of information related to the job function - ensuring confidentiality is exercised at all times				
<input type="checkbox"/>	Refers participants to appropriate program areas/services within MHR				
<input type="checkbox"/>	Communicates with EAW on an on-going basis with all participant inquiries				
<input type="checkbox"/>	Understands the process of Assignment of Assistance and Repayment Agreements and exercises signing authority according to policy and procedures				
<input type="checkbox"/>	Passes all specific questions/inquiries of individual participant's eligibility to EAW to assess/determine whether or not the participant is eligible				
<input type="checkbox"/>	Accurately transfers files to and from offices according to transfer policy				
<input type="checkbox"/>	Follows procedures to maintain integrity of information on Central Registry				
<input type="checkbox"/>	Sends and receives electronic physical files				
<input type="checkbox"/>	Exercises payment/spending/signing authority according to policy				
<input type="checkbox"/>	Completes relevant documents for the recovery of Assistance, i.e.; public monies received over the counter or in the mail				

Training Completed	Objective	Performance Evaluation			Comments and Follow-up Plans
		Good	Satisfactory	Requires Additional Training/Practice	
<input type="checkbox"/>	Demonstrates proficiency in using Outlook to send and receive e-mail usage agreement of ministry equipment				
<input type="checkbox"/>	Registers, opens and closes electronic and physical child care subsidy files				

CSW Training Evaluation

Areas where additional training/development was provided during this training period:

Sample

Trainer's assessment/comments on the employee's knowledge, skills and abilities:

Employee's comments on training received:

Overall Performance was:

Good

Satisfactory

Unsatisfactory

SAS Signature

Print Name

Date (YYYY MMM DD)

I have read and agree disagree with this evaluation.

Employee Signature

Print Name

Date (YYYY MMM DD)