![OAC_logo_small[blue].png]()

Work-Readiness Arts

 Participant Self-Evaluation

(to be completed at end of program)

|  |  |  |  |
| --- | --- | --- | --- |
| Participant name:  |  | Project Title:  |  |
| SYVPI number:  |  | Project Period:  |  |
| Organization:  |  | Supervisor:  |  |

|  |
| --- |
| **❑ My goal for this program was:** |
| *In the space below please write your goal.* |
|  |
| *Please circle one (1) that best describes your* ***understanding of the identified Arts/Cultural Learning skills*** *both before your participation in this program and after based on the ranking below.****RANKING:**** ***(4) Exemplary [HIGHEST]****= I have knowledge and can demonstrate leadership*
* ***(3) Accomplished****= I have knowledge of these concepts and skills.*
* ***(2) Developing****= I can use these concepts/skills when led in instruction.*
* ***(1) Beginning[LOWEST]*** *= I can identify these concepts/skills.*
 |
|  | *BACK….before I participated in this program* | *NOW….after I participated in this program* |
| *ARTS/CULTURAL SKILLS* | ***Exemplary*** | ***Accomplished*** | ***Developing*** | ***Beginning*** | ***Exemplary*** | ***Accomplished*** | ***Developing*** | ***Beginning*** |
| * My understanding of **[insert arts learning skill here 1] CONCEPTS/SKILLS.**
 | *4* | *3* | *2* | *1* | *4* | *3* | *2* | *1* |
| * My understanding of **[insert arts learning skill here 2] CONCEPTS/SKILLS.**
 | *4* | *3* | *2* | *1* | *4* | *3* | *2* | *1* |

|  |  |  |
| --- | --- | --- |
|  | *BACK….before I participated in this program* | *NOW….after I participated in this program* |
| *21st CENTURY SKILLS* | ***Exemplary*** | ***Accomplished*** | ***Developing*** | ***Beginning*** | ***Exemplary*** | ***Accomplished*** | ***Developing*** | ***Beginning*** |
| * I persist and complete tasks even when it is difficult. **(Growth Mindset**)
 | *4* | *3* | *2* | *1* | *4* | *3* | *2* | *1* |
| * I can come up with creative solutions to problems.  **(Creative & Critical Thinking)**
 | *4* | *3* | *2* | *1* | *4* | *3* | *2* | *1* |
| * I am able to share my thoughts and emotions clearly using visual, oral and written skills.  **(Communication Skills** )
 | *4* | *3* | *2* | *1* | *4* | *3* | *2* | *1* |
| * I am able to work in a team that includes people from different backgrounds than mine..  **(Collaboration Skills**)
 | *4* | *3* | *2* | *1* | *4* | *3* | *2* | *1* |
|  |
| * **Did this program help you meet your goal?**
 |
| *In the space below please explain what you have learned through this project. What skills have you learned? How will these skills help benefit your work-readiness in the future? What were some of the challenges you had during this program? How did you overcome them?* |
|  |
| * **My Supervisor:**
1. Clearly explained my job to me Y Sometimes N N/A
2. Provided me with good daily direction and training Y Sometimes N N/A
3. Available & provided adequate information when I asked for help Y Sometimes N N/A
4. Treated me fairly Y Sometimes N N/A
5. Gave me enough work to do Y Sometimes N N/A

Comments: |
| * **MY SATISFACTION WITH MY SUMMER JOB (check one)**

\_\_\_ Not satisfied \_\_\_ Sort of satisfied \_\_\_ Satisfied \_\_\_ Very satisfied |
| * **What I *ENJOYED* most about my training was:**
 |
| * **The 2 most important skills that I learned were** (***such as computer skills, learning to get along with co-workers, learning to take care of young children, learning to talk to customers, etc*):**

1.2. |
| * **What I *DISLIKED* most about my training was:**
 |
| * **ADDITIONAL COMMENTS:**
 |
| PARTICIPANT SIGNATURE: | DATE: |