

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* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *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: | | | | | |