



DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD
COMMUNITY PLACEMENT FINAL REPORT

MONTH: _____ YEAR: _____

Name of Participant: _____

Name of Organization: _____

Placement Job Title: _____

Organization Address: _____

Organization Contact: _____

Telephone #: _____ Fax #: _____

Placement Description: _____

Date of Placement: Began: _____ Placement Duration: _____

Ended: _____

Has Participant Been: Fired Quit Completed Project Other

Please Indicate Reason: _____

Please describe what skills/training the participant acquired while on placement:

Please mail or fax all reports to the Ontario Works Manager at the address below.

Please complete back of form →

PO Box 6006
290 Armstrong Street
New Liskeard ON
P0J 1P0

Phone: (705) 647-7447
(800) 627-2944
Fax: (705) 647-5267

PO Box 310
29 Duncan Avenue North
Kirkland Lake ON
P2N 3H7

Phone: (705) 567-9366
(888) 544-5555
Fax: (705) 567-9492

Overall Performance Check List

Skills and/or Strengths	Excellent	Fair	Needs Improvement
On Time for Work			
Prepared for Work			
Organized			
Attentive to Duties			
Work Habits			
Attitude Towards Duties			
Attitude Towards Co-workers			
Attitude Towards Supervisor(s)			
Self-Motivated			
Communication Skills			
Overall Progress			

Additional Comments:

Do you wish to have this placement position refilled? YES NO

Signature of Community Placement Supervisor: _____

Date: _____