



ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

Note:

- Students - please forward one form to any one of your teachers in the previous two semesters, and another form to a teacher in the subject area of the co-op for which you are applying.
- Students and parents can have access to all communication.

Name of Student: _____ Grade: _____ Date: _____

Co-op Placement Choice or Occupation: _____

Teacher: _____ Subject: _____

TEACHER COMPLETING THIS FORM - Please return this form directly to the Co-op Department Office

Check the appropriate level that best describes the listed qualities for the student named above.

LEARNING SKILLS & WORK HABITS:

	Excellent	Good	Satisfactory	Needs Improvement
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets Due Dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Perhaps
Would you want this person working for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would this student require support/supervision in a co-op placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would this student represent the school favourably in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (please write any comments that you feel would help in assessing this student):

Notice of Collection

Information on this form is collected under the authority of section 265(1)(d) of the Education Act, and pursuant to sections 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information collected on this form will be used for (i) the purposes of assessing and determining suitable candidates for a Cooperative Education program, (ii) enrolling successful candidates in the program, and (iii) matching the candidates to an appropriate cooperative education placement. Questions about the use of the form should be directed to the school principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at privacy@wcdsb.ca, or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

To be Completed by: Classroom Teacher
Distribution: Classroom Teacher → Co-op Program Head
Retention: Student Co-op File (Current School Year)