



## **ACCESSIBILITY:**

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

Students participating in Experiential Learning programs will, at all times, follow the policies and procedures as set out by the Ministry of Education and the Waterloo Catholic District School Board (WCDSB). The unique out-of-school aspect of these programs necessitates a variety of modes of instruction that do not fit the usual school schedule. Adaptations to the curriculum, student's timetable, and work placements may be made to accommodate specific student, school, and employer needs. Parental consent is required prior to student's participation.

## **Statement of Understanding for Student**

I agree to conform to all expectations of the program with respect to the following:

1. Attend regularly and punctually both in school and on the job until the end of the scheduled placement.
2. Report all absences promptly to the supervisor, the attendance office, and my teacher at the beginning of each workday and provide reason for the absence.
3. Make up any hours missed at the placement in consultation with my supervisor and my teacher.
4. Complete all required assignments both in school and at the placement.
5. Abide by the expectations of my supervisor while on placement (e.g., adhere to health & safety regulations, receive on-the-job training, and demonstrate good work ethic, initiative, and positive attitude).
6. Communicate in a positive and professional manner with my teacher, supervisor, and co-workers.
7. Work cooperatively with colleagues in school and on the job.
8. Maintain strict confidentiality regarding workplace matters.
9. **Co-op hours must be completed as indicated on the student's Work Education Agreement (WEA) and the semester co-op calendar.**
10. Student Information Sheet (SIS) can be reviewed at: \_\_\_\_\_

### **I understand that:**

1. All Experiential Learning programs require that I spend considerable time working at a community placement, and as such, I agree to represent the school in a positive manner.
2. In Ontario, post-secondary institutions (colleges & universities) independently determine their policies with respect to course pre-requisites and admission requirements. Students & parents are advised to contact the individual colleges & universities to determine if high school co-op credits will be admissible for the program of their choice. For a list of colleges & universities, visit: <https://www.ontario.ca/page/go-college-or-university-ontario>
3. For students pursuing apprenticeships, employers may consider the secondary school co-op hours.
4. I should not expect to be paid for the work done while at my placement. I will earn secondary credits.
5. I am responsible for all placement related expenses. I am responsible for the cost, arrangement, and liability associated with transportation to and from the worksite, and that it is the recommendation of the school board that I use public transit. I understand that if I choose to drive a vehicle to work, it is the responsibility of the owner of the vehicle to provide liability coverage.
6. If required, I will arrange for my own vulnerable police records check or health test/immunization (e.g., TB) during the summer or the semester prior to my co-op, to ensure that I am ready for placement when the course begins.
7. Depending on the organization, I may be required to undergo a specialized application procedure prior to my placement. My teacher will inform me of the employers for which this applies and will relay the necessary details.
8. I may be required to wear approved clothing or Personal Protective Equipment at my placement (e.g., safety equipment, business attire, removal of body piercings and jewellery) depending on the placement and job description.
9. My placement will take priority over part-time employment and co-curricular activities, and any adjustment to working hours must be arranged in advance with both my teacher and supervisor.
10. Co-op hours must be completed as indicated on the Work Education Agreement (WEA) and the semester co-op calendar.
11. I am aware that it is recommended that I purchase additional Student Accident Insurance through the school.



12. I must inform my teacher of any medical condition or learning difficulty (e.g., English as a second language, learning disability) that I have, which may affect my safety and/or performance at my placement. My teacher will provide pertinent information in confidence to a prospective supervisor to ensure a safe and appropriate placement opportunity.
13. I must have the **Work Education Agreement**, which provides me with Workplace Safety and Insurance Board coverage (through the Ministry of Education), signed by all parties by the first day at my placement.
14. Whenever I work outside of the designated days or hours identified on the Work Education Agreement, it will be my responsibility to complete an **Amendment Form** signed by my placement supervisor, parent/guardian (for students under 18 years), and teacher, in advance of my altered hours. Failure to complete this form will result in no WSIB coverage and in the event that I am injured, I understand the WCDSB and the employer assume no responsibility.
15. I will be provided with workplace training and work assignments by a specified supervisor(s) at my worksite. The supervisor will meet regularly with my teacher to provide feedback and monitor my progress.
16. I must adhere to all health and safety regulations at my placement and in the event of a workplace accident or injury, I will immediately inform my supervisor and my Co-op teacher.
17. I must provide truthful information to my teacher and supervisor upon request and that failure to do so may be grounds for termination of my placement, and/or removal from the program with loss of credit.
18. Theft or vandalism will be grounds for termination from my placement and/or removal from the school program with loss of credit and possible further action under the Criminal Code of Canada.
19. I must provide my teacher with updated information should there be any changes in the data provided on my application while I am enrolled in the Co-op program (e.g. change of address, phone, emergency contact, etc.).
20. As a result of external factors (e.g., economic slowdown) and competition for popular occupations, students who are enrolled in a Specialist High Skills Major program are not guaranteed a placement in their chosen sector. Although every effort will be made to find the chosen co-op placement, students may need to accept an alternate placement.
21. I can be removed from the Experiential Learning program with loss of credit if I am unable to meet program requirements and expectations either in school or at the placement.
22. The credit value of the co-op course will be established prior to the start of the course. Students must complete all aspects of the program to earn the predetermined number of credits. No half credits will be granted.

**Parental Consent**

I have read this Parent & Student Information Consent/Contract and agree to its terms as indicated.

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

I understand that my child is enrolled in a Cooperative Education & Experiential Learning program that will involve substantial time spent in the community at an approved placement. I understand that he/she must adhere to the standards and expectations as outlined in this Parent & Student Information Consent/Contract.

\_\_\_\_\_  
Signature of Parent/Guardian (if student is under age 18)

\_\_\_\_\_  
Date

**Notice of Collection**

Personal information on this form is collected under the authority of sections 265(1)(d) of the Education Act in accordance with section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). 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](mailto:privacy@wcdsb.ca), or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

**Completed by:** Student and Parent/Guardian (if student is under age 18)

**Distribution:** Student → Co-op Teacher

**Retention:** Student Co-op File (Current School Year)