

1. **COLLECTION OF PERSONAL INFORMATION:** Personal information is collected under the authority of s. 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 application 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. For further information contact: Co-op Consultant, Waterloo Catholic DSB, 35 Weber St, Kitchener, ON, N2H 3Z1, 519-578-3660.

**STUDENTS:** PLEASE COMPLETE THE SHADED BOX BELOW ON ***TWO*** FORMS AND DISTRIBUTE TO:

- ANY ONE OF YOUR TEACHERS IN THE PREVIOUS TWO SEMESTERS, ***AND***
- A TEACHER IN THE SUBJECT AREA OF THE CO-OP FOR WHICH YOU ARE APPLYING.

Name: _____	Homeroom: _____	Grade: _____
Teacher & Subject Area: _____	Date: _____	
Area of Co-op Applying for: _____		
Return this Reference to: _____	Due Date: _____	

Check (✓) the appropriate level, that best describes the listed qualities for the student named above:

QUALITIES:	Excellent	Good	Satisfactory	Needs Improvement		Excellent	Good	Satisfactory	Needs Improvement
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepts Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honest/Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LEARNING SKILLS & WORK HABITS:**

	Excellent	Good	Satisfactory	Needs Improvement
1. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Independent Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Self-regulation	<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 need 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)

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Teacher's Signature