



# Exploring Opportunities Program

## Teacher Reference Form

### STUDENT - PLEASE SIGN BEFORE GIVING TO REFEREE

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Student Name (please print) Teacher Name (please print)

to disclose personal and educational information to the Exploring Opportunities Teacher so that I may be considered as a candidate for the York Region District School Board's *Exploring Opportunities Program*.

\_\_\_\_\_  
Student Signature School Date

### TEACHER - PLEASE READ BEFORE COMPLETING REFERENCE FORM

You have been asked to act as a reference for a student wanting to participate in the YRDSB **Exploring Opportunities Program**. This program provides opportunities for students through the exploration of the skilled trades. The students will complete in-school courses embedded with work experience and essential skills training. This program would benefit students interested in participating in an Ontario Youth Apprenticeship Program (OYAP) in future years. Aptitude and interest in a skilled trade is a prerequisite.

If you have any questions about the program, please contact the Guidance Department in your school.

When completing this form, please take into consideration all aspects of a student's experience (extra-curricular activities, teams, committees, part-time jobs, etc), not solely the in-class, academic setting.

1. For how long and in what context have you known the student?

\_\_\_\_\_  
\_\_\_\_\_

2. What is the student's preferred learning style?

\_\_\_\_\_  
\_\_\_\_\_

3. What are the student's strengths/attributes?

\_\_\_\_\_  
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4. What are the student's challenges?

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5. Can the student articulate why he/she would like to be involved in this program or why he/she would like to explore the skilled trades?

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6. Comment on the student's interactions with peers and work relationships with a variety of people (teamwork).

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7. Does the student demonstrate willingness to learn and/or curiosity?

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8. Does the student demonstrate basic competencies in applied Math, English, and Science? Explain.

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9. In your judgement, do you feel the above-mentioned applicant would be successful in the *Exploring Opportunities Program*? Why? or Why not?

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**FORM COMPLETED BY:**

<b>Referee's Name (Please Print)</b>	<b>School</b>	<b>Signature</b>	<b>Date</b>

**Referee, please return this form as soon as possible to the Guidance Department in the student's home school**

Please note that the information may be shared with the applicant

**MUNICIPAL FREEDOM OF INFORMATION (FOIPOP)**  
Pursuant to subsection 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, and under the authority of the Education Act, the personal information obtained will be used for the ongoing administration of Community Based Education Programs. If you have any questions about the information collected, please contact the Community Based Education Office, York Region District School Board at 905-727-3141 or 416-969-8131.