

**Cooperative Education Program  
Teacher Reference Form**

*Please note that this information may be shared with the student.*

Please rate the student by checking the most appropriate box.

Each phrase begins with, "The student..."	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
<b>PERSONALITY</b>					
1. is self-motivated					
2. shows initiative					
3. is curious about the world around them					
4. is enthusiastic about life					
<b>MATURITY</b>					
5. accepts responsibility					
6. is self-disciplined					
7. has a healthy self-confidence					
<b>INTERPERSONAL SKILLS</b>					
8. communicates effectively with others					
9. is sensitive to others					
10. works well with a variety of people					
<b>PERSONAL MANAGEMENT SKILLS</b>					
11. is organized					
12. regularly attends classes					
13. practices effective time management					
14. adapts well to new situations					
15. effectively solves problems					
16. effectively manages stress					

17. For how long and in what context have you known this student?

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18. Do you have any further comments (concerns or recommendations) about the student that you feel we should consider regarding participation in the Cooperative Education Program?

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**FORM COMPLETED BY:**

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*Teacher Name*

*School*

*Teacher Signature*

*Date*

Teachers, please return this form as soon as possible to the Community Based Education Head in your

school or to: \_\_\_\_\_ Thanks!

**Cooperative Education Program  
Teacher Reference Form**

PLEASE COMPLETE THIS PAGE BEFORE GIVING IT TO THE TEACHER.

PLEASE PRINT

I, \_\_\_\_\_ authorize \_\_\_\_\_  
*Student's Name (PRINT)* *Teacher's Name (PRINT)*

to disclose personal and educational information with the school Community Based Education Head and/or the Cooperative Education Teacher/Monitor so that I may be considered as a candidate for the York Region District School Board's Cooperative Education Program with a placement in

\_\_\_\_\_  
*Subject Area (e.g. Geography/Family Studies)*

\_\_\_\_\_  
*Desired Placement (e.g. Electrician/Vet. Clinic)*

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

**MUNICIPAL FREEDOM OF INFORMATION (FOIPOP)**

Pursuant to subsection 29(2) of the Municipal Freedom of Information and Protection and Privacy Act, and under the authority of the Education Act, the personal information obtained for the purposes of Cooperative Education Programs will be used for the ongoing administration of appropriate Cooperative Education placements. 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.

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