

**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 (MFIPPA)

Under the authority of the Education Act, the personal information obtained for the purposes of Cooperative Education, Apprenticeship and School-Work Programs will be used for the on-going administration of appropriate placements. If you have any questions about the information collected, please contact the Coordinator of Community Based Education at 416-969-8131 or 905-727-3141.