



EXPERIENTIAL LEARNING Student Readiness Form

ACCESSIBILITY:

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

Students - please forward one form to any one of your teachers in the previous two semesters, and another form to a teacher in the subject area of the co-op for which you are applying.

Student Name: _____ Homeroom: _____ Grade: _____

Teacher & Subject Area: _____ Date: _____

Choice of Occupation/Sector: _____

TEACHER COMPLETING THIS FORM - Please return this form directly to the Co-op Department Office

Check the appropriate level that best describes the listed qualities for the student named above.

Learning Skills & Work Habits:

	Excellent	Good	Satisfactory	Needs Improvement
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets Due Dates	<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 require 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):

NOTE: Students and parents can have access to all communication.

Teacher's Signature

Disclaimer

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.