

Appendix D.1: Co-operative Education Program: Teacher Reference Form

**The information provided is confidential.*

Complete the student information and give this form to a teacher with whom you have had considerable contact.

Student Name _____ Student Number _____

Student Telephone _____ Student Email _____

Teacher Reference _____ Contact Number _____

How long have you known this student? _____

The student named on this form has applied for admission into a co-operative education course. During the out-of-school component of the course, the student will be an ambassador of the course and school. You are asked to consider the student's attributes, weighing your knowledge of the student's academic ability with the benefits he or she may derive from a co-operative education course.

Please place a check (✓) in the table to indicate your experience with this student. (Additional comments can be recorded in the space provided.)

Attributes/Attitudes/Skills	Consistently Demonstrates	Often Demonstrates	Needs Guidance	Does not Demonstrate
Lifelong Learning <ul style="list-style-type: none"> Shows a desire to learn Adaptable and responsive to change Plans for and achieves learning goals 				
Communication <ul style="list-style-type: none"> Reads for understanding Writes in a variety of forms Speaks with purpose Listens to understand and clarify 				
Industrious <ul style="list-style-type: none"> Manages time Diligent and conscientious Willing to undertake new projects 				
Positive Attitude and Behaviour <ul style="list-style-type: none"> Deals with people, problems, and situations with honesty and integrity 				
Think and Solve Problems <ul style="list-style-type: none"> Creative and innovative Seeks viewpoints Acts on opportunities for improvement Copes with uncertainty and adapts to change 				
Teamwork <ul style="list-style-type: none"> Open and supportive of the thoughts, opinions, and contributions of others Respects diversity, individual differences, and perspectives Understands and supports the dynamics of group work 				

Additional Comments:

Signature of Teacher Reference: _____ Date: _____

This form is to be returned to the student in a sealed envelope in support of their application for co-operative education.

Thank you for your assistance!