



Cooperative Education - Teacher Reference

Student Name: _____

Teacher Name: _____

_____ (student) has applied for the Mackenzie Health SHSM Summer Co-op Program. This program runs in July/August and has an extensive out-of-school component for which the student may be awarded two credits towards their SHSM OSSD. Your feedback will assist us in the evaluation of the student's application. Feel free to hand this *Teacher Reference Form* back to the student.

For each of the statements, please rate how closely the statement describes the student:

| Criteria | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A or Unsure |
|---------------------------|----------------|-------|----------|-------------------|---------------|
| Demonstrates Initiative | | | | | |
| Self Motivated | | | | | |
| Willingness to Learn | | | | | |
| Demonstrates Leadership | | | | | |
| Accepts Feedback | | | | | |
| Works Well Independently | | | | | |
| Is Reliable | | | | | |
| Time Management | | | | | |
| Attends classes regularly | | | | | |

Could the student be counted on to represent the school favourably in a community work setting?

| | | | | | |
|--------------------------|-----|--------------------------|----|--------------------------|----------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | POSSIBLY |
|--------------------------|-----|--------------------------|----|--------------------------|----------|

What skills has the student demonstrated that would indicate success in Summer Co-op?

Additional Comments:

Teacher Signature:

Date:

Thank you for your time in providing reference for the Mackenzie Health SHSM Summer Co-op.