



**SCARBOROUGH HEALTH NETWORK
HIGH SCHOOL CO-OPERATIVE EDUCATION
APPLICATION FORM**

SECTION C - TO BE COMPLETED BY A PERSON WHO KNOWS YOU WELL

(NOTE: The reference forms are to be completed by the following: Teacher, Coach, Guidance Counsellor or Employer. Friends and family cannot provide a reference for applicants.)

PLEASE RANK THE STUDENT ON A SCALE OF ONE (1) TO FOUR (4), WITH FOUR BEING THE HIGHEST RANKING:

a) Dependability:

1 2 3 4

b) Ability to get along with others:

1 2 3 4

c) Ability to plan and initiate own learning:

1 2 3 4

In this section, please indicate why you think this student should be placed in this Health Care Co-op placement (taking into consideration her/his success in your subject area).

TITLE

FULL NAME

PHONE NUMBER

EMAIL ADDRESS

SIGNATURE

DATE

FREEDOM OF INFORMATION

This information is collected under the authority of the Education Act and in compliance with Section 14, Section 32 and Subsection 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the ongoing administration of appropriate cooperative Education placements.