

**2-Credit Summer Cooperative Education
Statement of Understanding
&
Contract of Agreement**

2-Credit Summer Co-op Dates

Pre-placement Classes: Richmond Green Secondary School, 1 William F. Bell Pkwy, Richmond Hill, ON L4S 2T9.

Program Dates

Pre-Placement:

May 6 (5-9 pm in person @ RGSS)
May 13 (5-9 pm virtual), May 20 (5-9 pm virtual)
May 27 (5-9 pm virtual), June 3 (5-9 pm virtual)
June 10 (5-9 pm virtual), June 17 (5-9 pm in person @ RGSS)
June 26 (5-9 pm virtual)

Integration: Dates and location to be determined.

Placement: July 2 - August 1 (approximately 40 hours/week, Monday to Friday)

I, _____ (*student full name*) understand that:

- **Attendance for all scheduled classes & placement dates are mandatory. Failure to attend class or placement may result in removal from the course.**
- I will be interviewed by the placement supervisor(s) to be considered for the placement.
- I will work together with my Co-op teacher to secure a placement.
- The Cooperative Education Program requires me to spend considerable time in the community as a Co-op student, and as such, I will represent the school/board in a favourable manner.
- I must conform to all Policies and Procedures of the program with respect to the following:
 - attend regularly and punctually both in school and at the placement (in person or virtual) until the end of the scheduled period as defined by the Work

Education Agreement

- adhere to the [Caring and Safe Schools Policy](#) and conduct myself in accordingly when working in-person and/or online at placement and in class
 - report all absences promptly to supervisor and teacher prior to the beginning of each workday and provide a legitimate reason for the absence
 - make up the required hours missed at the placement in consultation with Co-op teacher and supervisor
 - complete all required assignments, both in school and at the placement
 - abide by the policies and procedures of my placement
 - maintain strict confidentiality regarding placement matters
 - hours worked outside of the contracted time must be submitted in advance to the Co-op teacher and employer for approval using Work Education Agreement Amendment Form
- Course expectations of my related course, Co-op course and the expectations of the employer identify the tasks that I will be performing as part of my Co-op placement as outlined in my Cooperative Education Learning Plan.
 - I should not expect to be paid for my Co-op hours; however, if my placement pays me a wage for the hours stated on my Work Education Agreement, or if I stay at my placement beyond the hours stated on my Work Education Agreement and I am paid for those hours, Workplace Safety and Insurance coverage must be provided by the employer. It is my responsibility to ensure that this coverage is in place.
 - I am responsible for transportation to and from the placement. It is the recommendation of the York Region District School Board that I use public transit and that if I choose to drive a vehicle to my placement, I must be covered by my own insurance. Appropriate Board forms must be completed if driving or riding in a private vehicle.
 - I must declare to the Co-op teacher any medical condition that may affect my performance and safety at the Co-op placement.
 - I may be required to have a medical examination and/or provide medical information to meet placement requirements or if immunization is required for some placements, I am responsible for this at my own expense.
 - Some placements require a security check, character check, credit check, or other pre-placement screening and that I may be responsible for this at my own expense.
 - I may have to wear prescribed clothing for my placement (e.g., safety equipment, business attire, nursing smock, lab coat, face mask).
 - I must have the Work Education Agreement (Workplace Safety and Insurance Board) signed by all parties before beginning work at the placement. It is my responsibility to obtain approval and signatures of all parties before making any changes to the information outlined on the form.
 - I must observe all health and safety regulations at the placement and contact the placement supervisor and the school the same day in case of an accident, even if it does not require medical attention.

- I understand that Cooperative Education in the community, due to its very nature, poses an element of risk and I agree that I must follow the health measures listed below while in my Cooperative Education program.
- It is strongly recommended that I purchase Student Accident Insurance. **(if applicable)**.
- My Co-op teacher may share personal information, such as contact information and/or information submitted with centralized application packages, with prospective supervisors for placement purposes. **(IEP with approval)**
- Theft, fraud, or vandalism is grounds for termination of my Co-op placement and/or removal from the Co-op Program with loss of credits and/or disciplinary action and possible further action under the law.
- I will conduct myself in accordance with my rights and responsibilities under the Ontario Human Rights Code and not engage in any discriminatory behaviour, either direct or in-direct, that may lead to a poisonous work environment.
- I must provide my Co-op teacher with updated information should there be any change in the data provided by me while I am enrolled in Co-op (e.g., change of address, phone, emergency contact information, medical information, mode of transportation).
- I can be removed from the Co-op Program with loss of credits if I am unable to meet program requirements either in school or at the placement.

Health and Safety Protocols

- I understand that I must follow workplace and Public Health safety practices which *may* include:
 - wearing Personal Protective Equipment (PPE) as required;
 - following hand and respiratory hygiene procedures;
 - other applicable health, safety and access guidelines, measures, and directives developed by York Region Public Health Unit and/or other public health agencies and adopted by the placement.
- I understand that I must complete the [Provincial Self Assessment screening guideline](#) if I have any symptoms of illness or test positive for COVID-19.
- I must report any unsafe work conditions immediately to your teacher and workplace supervisor.

Additional Agreements for OYAP students:

- If I am placed in a skilled trade as an OYAP student, I may, with the support of my employer, sign a Registered Apprenticeship Training Agreement with the Ministry of Labour, Immigration, Training, and Skills Development, and begin my formal apprenticeship training.
- In the event that I am required during my placement to work on restricted skills

(as defined under Ontario Reg. 565/99 of The Apprenticeship Certification Act) then I must be an OYAP participant or apprentice.

Additional Agreements for Virtual Cooperative Education Placements:

When using technology from home or school while in Virtual Cooperative Education:

- Students must adhere to the [Caring and Safe Schools Policy](#) and will be responsible to act in accordance with their Co-op placements' expectation for appropriate online conduct, workplace conduct policies, guidelines and confidentiality agreements that govern the placement's activities.
- Students must adhere to the 'Information Technology Acceptable Use Agreement for Junior/Intermediate/Senior Students' as outlined in the [Cooperative Education Student Handbook](#).
- Students are required to keep confidential all confidential information regarding the workplace matters and not, without the prior written consent of the placement, disclose the confidential information to any other party save to the extent required by law.
- Students also must maintain professional and respectful working relationships with co-workers while online.

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STUDENT SIGNATURE

I have read the [Cooperative Education Student Handbook](#) and **Statement of Understanding** and I understand my responsibilities. I also understand that failure to comply with these responsibilities may result in probationary measures or my removal from the Cooperative Education Program. I understand that information concerning my performance in a Co-op Program opportunity shared with my parent(s)/guardian(s), and Co-op supervisor.

Student Name (Print)

Student Signature

Date

PARENT/GUARDIAN SIGNATURE

I have reviewed the [Cooperative Education Student Handbook](#) and **Statement of Understanding** and I understand my child's role in the Cooperative Education Program.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

STATEMENT ABOUT IEP - *Only if Applicable*

The Cooperative Education Learning Plan (CELP) of a student who has an Individual Education Plan (IEP) must be developed with direct reference to the IEP.

I understand that some of these accommodations on my child's IEP will need to be shared with the placement supervisor.

Parent/Guardian Signature: _____ Date: _____

Comments:

Personal information is collected under the authority of the Education Act and will be used to manage the disclosure of student information. Contact the school principal for more information.