



## Co-op/Work Experience Student & Employer Plan

### CONTACT INFORMATION

Student Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
School: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Company Name: \_\_\_\_\_

1. Do you offer any of the following programs?

Orientation

\_\_\_\_\_

Any certifications

\_\_\_\_\_

Safety

\_\_\_\_\_

Other

\_\_\_\_\_

2. Please provide a brief summation of the work placement/co-op/internship program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What workplace skills should the student possess prior to this Off-Campus Work Experience placement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



4. What specific workplace skills should the student know and/or be able to do at the end of the Off-Campus Work Experience?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. Please list the supervisor's responsibilities:

\_\_\_\_\_

\_\_\_\_\_

6. Please list the student's responsibilities:

\_\_\_\_\_

\_\_\_\_\_

7. Please list the teacher/coordinator responsibilities:

\_\_\_\_\_

\_\_\_\_\_

**8. Please Attach: Student Timetables**

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**SIGNATURES:**

Teacher: \_\_\_\_\_ Student: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (Under 18 years of age): \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT: Each province must use provincial legislation regarding FOIP statements at the bottom of each form to collect student/teacher information.**