



Experiential Learning Programs Manual January 2021



SUCCESS for Every Student

Table of Contents

Overview of the Experiential Learning Program
Program Administration
Program Implementation
Health and Safety
Procedures for Reporting Student Injuries:
Critical Injuries:
WSIB
Insurance
Risk Management
Student Assessment and Evaluation
Co-op Credits Earned Per Semester
Forms
Appendix A – Co-operative Education and Work Experience Roles and Responsibilities Acknowledgement Form
Appendix B – Training Station Hours
Appendix C – Work Education Agreement (WEA) 14
Appendix D – Placement Assessment Checklist (PAC) 14
Appendix E – Student Co-operative Education Learning Plan
Appendix F – Restitution Form Letter
Appendix G – Workplace Safety & Insurance Board (WSIB) Form 7
Appendix H – WSIB Treatment Memorandum Form15
Appendix I – Acknowledgement of Authorization to Collect SIN number
Appendix J – WEA Extension Form Agreement – Extended Hours of Placement
Appendix K – RMA Waiver – Consent Student Involvement in High Risk Experiential Learning Placement Activities Supervised by a Qualified Teacher
Appendix L – RMA - Student Transportation to Experiential Learning Placements
Appendix M – RMA - Student Transportation by Workplace Supervisor
Appendix N – RMA - Declaration by Workplace Supervisor of Vehicle Fitness and Insurance Coverage
Appendix O – Work Education Placement During COVID-19 Pandemic
Appendix P – Community Engagement Placement Roles and Responsibilities
Appendix Q – Community Engagement Placement Learning Plan

Overview of the Experiential Learning Program

The experiential learning program provides opportunities for all students in secondary school, including adult learners, to apply, refine, and extend, in the classroom and in the context of a community outside the school, the skills and knowledge outlined in the co-operative education curriculum.

Learning beyond the classroom

Today's students need learning that goes beyond the classroom. School-work programs expand students' learning by helping them:

- understand more about the industries they may want to pursue in the future
- get exposed to career options in industries they may not have known about or even considered
- develop essential workplace skills
- see how their in-class learning can be applied in the workplace
- make more informed decisions about their education and career path so they make a successful transition into the job market.

Giving students the chance to explore different career options and build their skills will help them prepare for the jobs of tomorrow.

How students can learn beyond the classroom

Students can learn about the world of work by exploring different careers and industries through:

- workplace tours
- job shadowing
- mentoring
- co-operative education
- school-work transitions
- Ontario Youth Apprenticeship Program.

http://www.edu.gov.on.ca/eng/general/elemsec/job/passport/index.html

This manual will focus primarily on credit bearing and non-credit bearing forms of experiential learning. For information pertaining to single day experiential learning experiences, (i.e. job shadowing, Take Our Kids to Work Day) please refer to <u>SO15</u> Out of Classroom Fields Trips and Excursions

Two co-operative education courses are included in the Ontario curriculum:

- Co-operative Education Linked to a Related Course (or Courses)
- Creating Opportunities through Co-op

The inclusion of these two courses in the curriculum is intended to ensure that all students have access to co-operative education, to meet the diverse needs of individual students, and to support a broad range of experiential learning opportunities. Schools are encouraged to offer both co-operative education courses.

The Ontario Curriculum, Grades 11 and 12: Co-operative Education, 2018 sets out curriculum and implementation policy related to co-operative education. It replaces Co-operative Education and Other Forms of Experiential Learning: Policies and Procedures for Ontario Secondary Schools, 2000. Schools offering co-operative education are required to implement the policy outlined in this document beginning September 2018.

http://www.edu.gov.on.ca/eng/curriculum/secondary/cooperative-education-2018.pdf

Program Administration

Central co-ordination of the overall experiential learning program shall ensure consistency in dealing with employers and the community. Experiential learning teachers fall into two categories. Co-operative learning teachers grant credits while experiential learning teachers are involved with experiences such as job twinning, job shadowing, and community engagement experiences. Each school shall have a co-operative education (co-op) teacher to represent the school in matters pertaining to co-op programs.

a) Access:

Every effort shall be made to ensure that no student is denied access to an experiential learning program on the basis of personal financial constraint.

b) School Board Representative:

The representative for Business Services for the Grand Erie Board is the Superintendent of Business and Treasurer. Where indicated, business forms should be forwarded to the Office of the Superintendent of Business.

- c) The Board encourages ongoing efforts to promote dialogue with other partners involved in Co-operative Education (e.g. Conestoga, Fanshawe and Mohawk colleges, Laurier University, Brant Haldimand Norfolk Catholic District School Board, District School Board of Niagara and W. Ross Macdonald School).
- d) Open and ongoing communication between all experiential learning staff in schools is encouraged. Communication shall include sharing of community placements within the system to ensure equitable access to limited opportunities for all schools (Ex. Police, Hospital).
- e) To encourage information sharing and feedback with employers, schools will invite employers to participate in program evaluations, workshops and sharing sessions.
- f) Ministry Data Collection:

The Ministry of Education requires the following data from school boards annually:

- i) The total number of hours, during the school year (September 1- August 31), for which the Ministry has supplied Workplace Insurance coverage. This amount is to be compiled from the cumulative totals on students' log sheets. It is important that the hours reported are the actual hours during which a student was at a training placement. The number of hours must be tracked in the Co-op Writer software and the auto populated Training Station Hours forms (Appendix B) are to be printed off, signed by the teacher and principal, <u>at the end of each semester including summer school</u>. The forms are to be housed in a secure location at the school for a minimum of six years for audit purposes.
- ii) The total number of hours, during the school year, for which training organizations have supplied Workplace Insurance coverage.
- iii) The names of the students for whom reports were filed with the Workplace Safety Insurance Board, the dates of injury, and the assigned claim numbers.

Program Implementation

Where system plans, resource documents and manuals, software such as Co-op Writer, and/or forms are approved, all schools are expected to use them.

- a) Co-operative Education courses may consist of a classroom component and a community component, which are described in detail in Co-operative Education, Grades 11 and 12, 2018.
- b) Each student will receive:
 - i) Pre-course Counselling and Interviewing
 - ii) Classroom Component may include pre-placement orientation, workplace preparation, and health and safety
 - iii) Community Component
 - iv) Student's Co-operative Education Learning Plan (Appendix E)
- c) Placement Assessment Checklist (Appendix D)

The Experiential Learning teacher must conduct an assessment of each placement, including placements at businesses or institutions owned and operated by students' families, taking into consideration the following:

- i) information, site-specific training, and ongoing supervision to protect students' health, safety, and well-being, as required by the Occupational Health and Safety Act, the Employment Standards Act, the Workplace Safety and Insurance Act (WSIA), the Ontario Human Rights Code, and the Municipal Freedom of Information and Protection of Privacy Act;
- ii) a suitable physical environment for the student to engage in a range of relevant learning opportunities and experiences, including those related to the use of technology, equipment, and tools;
- iii) an educationally rich learning experience based on the student's learning plan;
- iv) adjustments based on the learning needs of the student, including those of students with special education needs.
- v) All experiential learning placements are to be approved at the discretion of the school administrator. Placements involving any of the following activities are not acceptable:
 - working in the student's home school, except under special circumstances
 - working in the school store
 - participating in dramatic presentations in the home school
 - serving on the student council
 - working at part time jobs
 - participating in Junior Achievement projects
 - playing on a school or community athletic team
 - working on the school yearbook
 - replacing paid employees
 - completing the community involvement requirement for the OSSD (see Ontario School K-12, section 6.1.4)
- d) It is expected that the vast majority of students will have one work placement per experiential learning experience. In cases where a student is placed in more than one work placement, such placements should be complementary in nature and the student should spend enough hours in each placement to ensure a valuable learning experience which meets expectations set by the Ministry. Creating opportunities through co-op may be scheduled for 110 hours

or 220 hours, and a student may earn, respectively, one or two co-operative education credits for successful completion of the course. When this course is scheduled for 220 hours, students' learning related to the expectations will be deeper and broader. Students taking Co-operative Education Linked to a Related Course (or Courses) may earn a maximum of two co-operative education credits for each credit earned from a related course (or courses) previously completed or taken concurrently, to a maximum of four credits for the co-operative education course.

e) Students whose placements are interrupted by reason of collective actions in a unionized work environment, will be placed in their home school for the duration of the work stoppage, unless the length of time they are out of the placement jeopardizes the student's placement hours and/or credits at which point an alternate placement or activity will be found to meet the expectations of the related course and co-operative education expectations.

Health and Safety

Each secondary school shall develop a written procedure to resolve safety and/or health hazards at the work placement, to include:

- a) provision that the school administrator be informed by the teacher immediately of any concerns related to health and/or safety hazards;
- b) the understanding that upon notification, the school administrator in consultation with the co-op teacher will remove the student from the workplace until the concern is resolved
- c) assurance that all students in experiential learning programs and other forms of experiential learning offered by the Board receive appropriate training at the discretion of the co-op teacher. All employer-related training is to be recorded and time-stamped within the student's learning plan prior to starting their work placement.

Procedures for Reporting Student Injuries:

Student

Students must report any injury to their workplace supervisor and experiential learning teacher immediately (whether or not the student received professional medical attention). In emergency cases, where the student has been transported by ambulance to the hospital, then the student's workplace supervisor must contact the student's teacher immediately.

Experiential Learning Teacher

The teacher must immediately notify the school administrator and complete the following forms in Co-op Writer and email them to the executive assistant to the Superintendent of Business within 24 hours' notice of the accident:

- 1. Form 7 WSIB Employer's Report of Injury/Disease (Appendix G)
- 2. Copy of student's Work Education Agreement contract (Appendix C)
- 3. If the student does not require medical attention, please refer to section 3 C Reportable Injuries.
- 4. Coverage Provided Under the Workplace Safety and Insurance Act, 1997, see Section 4
- 5. Ontario School Boards Insurance Exchange (OSBIE) incident report

Critical Injuries:

A Critical Injury is an injury of a serious nature that:

- Places life in jeopardy or
- Produces unconsciousness or
- Results in substantial loss of blood (this is quantified as the person requiring a blood infusion at the hospital) or
- Involves the fracture of an arm or a leg but not a finger or toe or
- Involves the amputation of a leg, arm, hand or foot but not a finger or toe or
- Consists of burns to a major portion of the body or
- Causes the loss of sight in an eye

Please note that the Ministry of Labour is now counting the loss of one finger or a toe, or the break of a finger or a toe as a possible critical injury. Ensure you are reporting those injuries as they are being handled on a case by case basis and may be investigated

For more detailed information, please refer to: SO120 Student and Visitor Injuries/Accidents

WSIB

Before a student is placed with an employer, the student's teacher should determine whether the student will be covered by the employer.

- a) If students do receive wages when participating in work education or experiential learning programs, the placement employer is considered to be the employer under the WSIA and is responsible for providing WSIA coverage. A WEA form must be completed for these students, and school boards must indicate in the appropriate section of the form that the employer, not the ministry, is providing the WSIA coverage
- b) Obtaining WSIB Coverage

As per *Bill 18, Stronger Workplaces for a Stronger Economy Act, 2014,* in order to ensure Workplace Insurance coverage, a Work Education Agreement (WEA) must be completed and signed by the parties concerned before the student begins the placement at the training station. Forms are required for each student in a Co-operative Education, Supervised Alternative Learning (SAL), Ontario Youth Apprenticeship Program (OYAP), or work experience.

The student's signature must appear, indicating consent to the conditions of coverage in the agreement. The consent of a parent or guardian is also required if a student is less than eighteen (18) years of age. (This requirement is still valid despite the fact that the Municipal Freedom of Information and Protection of Privacy Act gives students who are sixteen (16) years old the right to protection of their personal information.)

The Training Station Hours Forms are generated in Co-op Writer based on the hours tracked by the co-operative education teacher. The forms are to be printed, signed by the principal and filed at the school.

WSIA coverage arranged through the Ministry is for the time and dates indicated on the WEA form. The WEA form should only allow for 15 minutes extra before or after the planned workday. For special circumstances, the WEA extension form (Appendix J) must be completed. i.e. attending a trade show outside of regular hours. If the employer of the student wishes to modify the regular hours at the placement, a new WEA should be created.

c) Job Shadowing or Job-twinning

A Work Education Agreement form must also be completed for students who are participating for more than one day in job shadowing, in which they are involved in handson work, provided that they are at least fourteen (14) years of age.

Coverage is not provided for students under fourteen (14) years of age. Job-shadowing or job- twinning experiences lasting one day should be treated as field trips and all necessary forms that apply to Policy SO15 Out of Classroom Trips and Excursions should be completed for students involved in these experiences.

- d) Conditions of WSIA Coverage
 - i) Students are covered during the time that they are performing the duties assigned to them under the supervision of the placement employer.
 - ii) Students are covered when their work placement is located on school board property, and when they are supervised by teaching or non-teaching staff members (e.g., teachers, building custodians, electrical maintenance supervisors, audio-visual technicians, or purchasing officers).
 - iii) Students who participate in the Ontario Youth Apprenticeship Program (OYAP) and who are not paid an hourly wage or salary are covered. If an OYAP student is on an employer's payroll, the employer assumes responsibility for the student's WSIA coverage.
 - iv) Students whose work placement is outside the province for example, students participating in international co-operative education are covered for up to six months while at their work placement in the host province or country. If the work placement continues beyond six months, the school board must send a written request to the WSIB for approval of an extension of coverage. A copy of this request must be sent to the Ministry.
 - v) Students are covered if they are required to travel as part of their learning and if travelling is considered an assigned duty during their work placement.
 - vi) Students are generally covered while they are being transported from the work placement to receive health care as the result of a work-related injury or disease.
 - vii) Students are generally not covered while they are travelling to and from the work placement.
 - viii)Students are not covered during the time they are in training for, or are participating in, individual or team sports. Amateur or professional athletes are not covered under the WSIA.

Further information can be found on page 4 of *Workplace Safety and Insurance Coverage for Students in Work Education Programs* <u>PPM 76A</u>.

e) Benefits

For the purpose of Workplace Insurance coverage, students are deemed to be employees of the Ministry of Education, although they do not receive wages. For the purpose of calculating Workplace Insurance benefits, the deemed rate of pay for an injured student is the general hourly rate according to current minimum-wage legislation.

For paid work placements, benefits are based on actual wages to calculate the loss of earnings benefits.

If a student has an accident during unpaid co-op hours that results in loss of time from a parttime job not connected with the Co-operative Education program, and if the accident results in loss of wages from that job, the student is entitled to compensation for the hours missed based on the actual rate of pay for that part-time job. Details regarding the number of hours worked weekly and pay rate must be provided to the Workplace Safety Insurance Board on Form 7 (Appendix G)

- f) Reporting Procedures and Claims
 - Social Insurance Numbers (SIN)

Note: Since accident reporting procedures require students' SIN, all students involved in coop or work experience are required to have a SIN before beginning the placement. SIN's must be collected for OYAP participants and registrants to be submitted in the Employment Information Ontario system. (Appendix I)

Employer's Report of Injury/Disease (Appendix G - Form 7)

Any injury to a student in a work education program, however minor, must be reported by the student to the employer and to the appropriate teacher with full details, including when, where and how the injury occurred. Accidents that do not require seeking medical attention do not have to be reported to the Workplace Safety Insurance Board, but a record of the details must be submitted in an Ontario School Boards Insurance Exchange (OSBIE) Incident Report. If medical treatment by a doctor, dentist, hospital, or other treatment agency is required, or if an accident results in loss of time from the program, a completed FORM 7 will be accessed in Co-op Writer and must be sent by the Superintendent of Business for submission to the to the Workplace Safety Insurance Board and Ministry of Education.

Submission of Report

In the case of an accident, requiring medical attention or lost time from work the Employers' Report of Injury/Disease (WSIB Form 7) <u>must be submitted along with the completed and signed WEA form to the Superintendent of Business within three (3) business days of the student reporting the injury or disease to the school. The office of the Superintendent of Business must then submit the form to the WSIB and to the Ministry of Education within seven (7) days of the student reporting the incident. (Business days are Monday to Friday, and do not include statutory holidays.) Access to WSIB Form 7 is available through the Co-op Writer program.</u>

The student's teacher/monitor must ensure that the name and address of the training organization, as well as the name and telephone number of the training supervisor, must be completed on the Form 7 within 48 hours. The Ministry of Education must be identified as the employer and the Firm Number 250379-FJ must be entered as the firm.

Incomplete reports may be filed to comply with the time frames, if all pertinent information is not readily available. However, a completed report must follow as soon as all details have been obtained. Students must receive a copy of the accident report that is provided to the WSIB (including any additional information provided by the employer).

Fines for Failure to Comply - The WSIB may levy four separate \$250 penalties - one each for

- late reporting
- incomplete reporting,
- not reporting on a pre-approved version of the form, and
- failing to provide a copy of the Form 7 to the worker.

Insurance

Students who are participating in an experiential learning program are covered under the school boards Comprehensive General Liability Insurance while engaged in their duties at the employer's workplace. The student and employer are protected against a lawsuit arising out of the negligent acts of the student while they are performing the duties specified in the work program.

The liability coverage also extends to protect against accidental damage to an employer or customer's property while it is in the care, custody and control of the student while performing their duties within the experiential learning program.

Theft or vandalism is not covered. Coverage does NOT extend to protect the employer and other employees for their negligent acts, or for the operation of any automobile licensed for the road. Please note the coverage is for liability only and does not cover medical expenses arising from a student's injury at the workplace-the student is covered by the Workplace Safety Insurance Board (WSIB) arranged by the Ontario Ministry of Education.

Coverage is not extended to situations when an employer involves a student in work or activities outside of the program, e.g., an employer has hired an experiential learning student to work after hours. As this activity is not part of the Experiential Learning program, there is no coverage through the school board's liability insurance.

a) Student Accident Insurance

The Board does not provide insurance for students who are injured accidentally while on the job. Students who have or whose parents have purchased student accident insurance through plans approved by the Board may be able to make a claim under the policy provided they have purchased the option which includes coverage for accidental injury while on a work experience project. Student Accident Insurance is valuable coverage and should be actively promoted to students and parents. The Grand Erie Board currently makes Student Accident Insurance packages available through the Reliable Life Insurance Company in Hamilton.

Students participating in work education programs may purchase the student accident insurance (the Platinum Plan option is recommended) by obtaining an application package from the school office, the Board Office or directly from Reliable Life by calling 800-463-5437 or at www.insuremykids.com

b) Non-Owned Automobile Coverage

Definition: a vehicle which is not owned by the school board, the employer, the student or a member of the student's household

- Working on a Non-Owned Automobile Students will be protected for accidental and negligent damage, but not for intentional damage they cause to a non-owned vehicle while working on it in a work experience program. Students and parents/guardians may be required to contribute wholly or partly to the insurance deductible, which is currently \$250.00 (and may be subject to change). See Restitution Form Letter, Appendix F.
- Driving a Non-Owned Automobile
 - i) Liability Insurance

The Grand Erie District School Board strongly recommends that students not be permitted to drive. However, in cases where it is a requirement for the placement the following information must be understood:

The non-owned automobile insurance policy does not extend to protect co-op students or their employers from liability claims for injury to others or damage to property of others where co-op students are driving an employer's vehicle or a vehicle belonging to a customer of an employer. The co-op student would be driving a vehicle on the business of the employer, not the school board. Students who drive vehicles of employers or of customers of their employers while on coop assignment do so at the employer's risk for physical damage to the vehicle and for third party liability (student damages other's property or injures a person while operating an employer's vehicle).

ii) Accident Insurance

Students who are injured as a result of driving an employer's vehicle would be entitled to benefits provided under the Workplace Safety and Insurance Act.

In the event, WSIB is not available, accident benefits would be provided by the auto insurance policy of the student or the student's parent/guardian (if the student is listed as a dependent). If WSIB is not available and neither the student nor the parent / guardian has an auto policy, the benefits of the employers' auto policy would be accessed.

The Experiential Learning teacher and employer should clearly understand the liability and accident benefits for students operating non-owned vehicles and ensure the employer is aware the student is insured under the automobile owner's liability policy when operating such vehicles during the work experience placement.

iii) Damage to Property of Employers

The Board's Liability Policy extends coverage to students who damage property in their care, custody and control while involved in a work experience project. Students and parents/guardians may be required to contribute wholly or partly to the deductible, which is currently \$100.00 (and may be subject to change). See Restitution Form Letter, Appendix F.

It should be noted that there is no coverage for intentional damage or damage resulting from the dishonesty of students or from errors and omissions.

Risk Management

- a) Ontario School Boards Insurance Exchange (OSBIE)
 - The co-operative education or work experience program must be clearly described before placement is made.
 - Work sites must be visited to watch for work environment hazards, poor housekeeping, lack of safety culture etc.
 - Ensure students understand that they are responsible for their own transportation to/from the workplace
 - Employers are responsible for supervising and training students, both for the protection of the students, and for the protection of the employer.
 - Students should be instructed by the teacher and the employer on health and safety issues. The use of protective equipment and safety regulations must be stressed.

Occupational Health & Safety Regulations must be addressed and followed.

- Students on experiential learning placement should not be allowed to drive vehicles.
- Employers must be informed that if they allow students to drive their vehicles, any resulting damage to vehicles must be covered by the vehicle owner's or employer's automobile insurance.
- However, we strongly recommend that students not be permitted to drive vehicles of any kind at experiential learning placements. This includes forklifts, ATVs, golf carts, snowmobiles, ride-on lawn equipment, etc. as well as vehicles licensed for the road.
- Grand Erie DSB Risk Management Advisories (RMAs) are available on the Staff Portal Experiential Learning and are accessible by all teachers and principals.
- b) High Risk Placements:
 - Exposure to Infectious Diseases
 - Certain placements put students in areas where they may be exposed to infectious diseases. Such areas include hospitals, laboratories, dental offices, ambulance services, veterinarian offices, day-care centres, and nursing homes. Placements are not consistent in their requirements for vaccinations. The Experiential Learning teacher is advised to investigate the need for vaccinations or tests with the employer. If it is determined that a risk exists, vaccination or testing of the student must be a condition of accepting the placement. Further, if there are other safety concerns specific to the placement identified by the teacher, the teacher should seek guidance from their school administration to decide if any additional pre-placement action is required.
 - Emergency Services Placements

Experiential Learning placements with emergency services, i.e., police, ambulance, security, or firefighting crews involving observation in facilities and/or emergency vehicles that may result in possible attendance at emergency situations present higher risks for students. While students may benefit from participating in certain situations, they are not to be permitted to travel in emergency vehicles.

• Placements Requiring Specialized Training Specialized training will be required for placements involving roofing, confined spaces, farming with machine operations, equestrian, or livestock placements. Students involved in placements requiring specialized training must have a completed High Risk Experiential Learning Placement Activity Form (Appendix K) and receive the same training as employees.

Student Assessment and Evaluation

a) Student's Co-operative Education Learning Plan

The Student's Co-operative Education Learning Plan outlines the course of study for the placement component and the basis for assessment and evaluation and for the granting of one or more credits in the specific subject. Co-operative Education and Work Experience students must have learning plans that identify the overall and specific curriculum expectations of the related course that describes the knowledge and skills the student will apply and further develop at the placement, as well as the employer's expectations and the expectations of the classroom component of the course that apply to the placement.

The learning plan must be developed within the first three weeks of the placement. There must be a separate learning plan for each related course which must include the learning expectations for that course and for OYAP students it must also include the relevant trade standards. Please refer to Appendix E for a copy of the Student's Cooperative Education Learning Plan.

Students become OYAP students only once they have been entered as a registrant or participant in the Ministry database. OYAP students must be full time students. Students must keep their provincial OYAP card (auto-populated and printed from Co-op Writer) on their person at all times when at the placement site, especially in the case of the restricted trades. Students should be prepared to show this card to a Ministry of Labour inspector and/or Ontario College of Trades inspector who may request proof that the student is abiding by the trade regulations.

In accordance with the Apprenticeship and Certification Act, Regulation 566/99 Exemptions, subsection 6.2(a)(b), the participant is permitted to work in the identified trade only during the supervised work placement of the Ontario Youth Apprenticeship Program.

b) Granting of Credits

Please refer to pages 46 and 47 of Co-operative Education, Grades 11 and 12, 2018.

Co-op Credits Earned Per Semester

The maximum number of credits that can be earned during a semester must be outlined in the Student's Co-operative Education Learning Plan(s) before the commencement of the co-op course. With respect to the integration of student learning throughout the course, teachers should consider a wide range of integration activities that will support the achievement of the curriculum expectations. These integration activities and the time required will vary depending on the needs of the student and the nature of the community component. Learning activities delivered through classroom or e-learning instruction and assignments may extend into the community component, through interactions between the student, the co-operative education teacher, and the placement employer or placement supervisor in the community.

Forms

The following appendices and RMAs are referenced in this manual. The links provided below are to be viewed as examples only. The most up-to-date forms are to be accessed through Co-op Writer.

<u>Appendix A – Co-operative Education and Work Experience Roles and Responsibilities</u> <u>Acknowledgement Form</u>

Co-operative Education/Work Experience Roles & Responsibilities Acknowledgment form highlights the responsibilities of the student, the employer/supervisor and the co-operative education teacher.

<u>Appendix B – Training Station Hours</u>

This form is used to collect data for an annual report by school boards to the Ministry of Education and must be auto-completed in Co-op Writer tied to time-tracker submissions. Completed forms must be printed and signed by the Principal and retained in secure storage at the school for a minimum of six years for WSIB audit purposes. This requirement must be completed in Co-op Writer no later than one week following the completion of each semester including summer placements.

<u>Appendix C – Work Education Agreement (WEA)</u>

This is an official contract that must be completed for each student prior to the student starting their work placement. The form must be completed, signed, and filed at the school. The form is to be produced in Co-op Writer.

The Agreement must be signed by:

- the student,
- the student's parent/guardian if student is under 18,
- the employer/supervisor,
- the Co-operative Education teacher.

<u>Appendix D – Placement Assessment Checklist (PAC)</u>

The Experiential Learning teacher must conduct an assessment of each placement, including placements at businesses or institutions owned and operated by students' families. The placement assessment checklist is used by the teacher to ensure the suitability of the placement for the student and to ensure that health and safety standards are in place.

<u>Appendix E – Student Co-operative Education Learning Plan</u>

The Experiential Learning Program Manual is where system plans/processes, resource documents/manuals, software such as Co-op Writer, and/or forms are approved with the requirement that all schools are to access and use them as required.

The Student's Co-operative Education Learning Plan outlines the course of study for the placement component and the basis for assessment and evaluation and for the granting of one or more credits in the specific subject. Co-operative Education and Work Experience students must have Student's Co-operative Education Learning Plans that identify the overall and specific curriculum expectations of the related course that describes the knowledge and skills the student will apply and further develop at the placement, as well as the employer's expectations and the expectations of the classroom component of the course that apply to the placement.

<u>Appendix F – Restitution Form Letter</u>

This letter is a board-approved form letter that may be used in cases of property damage at a placement.

Appendix G – Workplace Safety & Insurance Board (WSIB) Form 7

The most recent version of the Ministry approved Form 7 will be found in Co-op Writer and should be completed online.

Appendix H – WSIB Treatment Memorandum Form

To be completed by the physician and forwarded to WSIB. Physicians and clinics will have these forms in stock; larger facilities, such as hospitals will have an electronic version of this form available.

Appendix I – Acknowledgement of Authorization to Collect SIN number

The Ontario Ministry of Education authorizes the Grand Erie District School Board's Experiential Learning teachers to collect the Social Insurance Number (SIN) of those students participating in an experiential workplace situation. This collection is required in order to complete the Workplace Safety and Insurance Board's *Employer's Report of Injury/Disease Form 7* should it be required and is a requirement for OYAP.

Appendix J – WEA Extension Form Agreement – Extended Hours of Placement

The WEA form should only allow for 15 minutes extra before or after the planned workday. For special circumstances, the WEA extension form (Appendix J) must be completed. i.e. attending a trade show outside of regular hours.

<u>Appendix K – RMA Waiver – Consent Student Involvement in High Risk Experiential Learning</u> <u>Placement Activities Supervised by a Qualified Teacher</u>

To be completed when the experiential learning placement is located on school board property, requires student to participate and assist in the supervision of students during high risk activities and supervised by Grand Erie staff members.

Appendix L – RMA - Student Transportation to Experiential Learning Placements

To be completed when students whose experiential learning placement requires them to operate a non-owned (company) vehicle.

<u>Appendix M – RMA - Student Transportation by Workplace Supervisor</u>

To be completed in order for an authorized workplace supervisor driver to transport a student who are required to travel as part of conducting business during their experiential learning placement.

<u>Appendix N – RMA - Declaration by Workplace Supervisor of Vehicle Fitness and Insurance</u> <u>Coverage</u>

Board discourages student operation of employer vehicles, but when required as a consideration of employment, this must be completed.

Appendix O – Work Education Placement During COVID-19 Pandemic

All Grand Erie District School Board experiential learning students must complete COVID-19 Infectious Awareness Training provided by their teacher before attending their placement for credit.

<u>Appendix P – Community Engagement Placement Roles and Responsibilities</u>

Outlines the responsibilities and liabilities and must be signed by all parties before placement starts.

Appendix Q – Community Engagement Placement Learning Plan

The Community Engagement Placement Learning Plan is designed to identify the opportunities that the placement will provide, and the learning strategies that will be employed, to enable the student to refine, extend, apply and practice the individual goals documented in their Individual Education Plan (I.E.P.)





SUCCESS for Every Student

Co-operative Education and Work Experience Roles and Responsibilities

STUDENT	EMPLOYER/SUPERVISOR	CO-OPERATIVE EDUCATION TEACHER
PROGRAM IMPLEMENTATION		
 Work in courteous, responsible, and business-like manner and show appropriate initiative Observe and comply with the rules and regulations of the placement and the school, including confidentiality requirements Comply with school attendance policies in both the placement and classroom sessions Submit assignments as required Inform the placement supervisor and co-operative education teacher in advance if they are unable to report to their placements Complete their course requirements to obtain credits towards the Ontario Secondary School Diploma Work with teachers and supervisors to ensure that problems are dealt with immediately Ensure you have a Social Insurance Number before starting the placement or have applied for one Provide your own transportation to and from the work site unless other arrangements are made by the co-op teacher 	 Provide a safe working and learning environment Designate one employee to be responsible for the supervision and evaluation each student Provide challenging learning experiences that will encourage personal growth and develop career goals Help students function as an integral part of a team Direct and guide students' learning through on-site supervision Acquaint students with company personnel, policies and procedures Report student absences to the co-operative education teacher immediately Contact the co-operative education teacher when concerns arise Work with students and teachers to ensure that any problems are dealt with immediately Review and sign the daily logs at the end of each week Complete program effectiveness survey upon request Share their expertise with students Help students function as an integral part of a team 	 Promote the co-operative education, work experience, and school-work transition programs to students, parents, staff, school councils, and potential employers Interview and select students for community-based learning programs Identify and secure placements in which students will be able to achieve the course expectations, experience growth, and develop career goals Assess placements for suitability Inform employers of their role and responsibilities prior to the start of the student placement Organize and conduct pre- placement orientation sessions to prepare students Consult regularly with students, employers, supervisors, employees, and other teachers Assess whether placement supervision is appropriate Organize and conduct regular integration activities as per Ministry curriculum expectations and board policies Manage the day-to-day administrative tasks associated with co-operative education and work experience programs (including reporting to the school administration or to the Ministry of Education) Help students arrange appropriate transportation to their placements Liaise with guidance counsellors, school administrators, teacher- advisers, special education staff, and parents Work with students and supervisors to ensure that any problems are dealt with immediately

STUDENT	EMPLOYER/SUPERVISOR	CO-OPERATIVE EDUCATION TEACHER
HEALTH AND SAFETY		
 Comply with all company rules pertaining to appropriate work attire, safety codes, work schedule, and health and safety policies Notify the co-op teacher promptly of safety concerns or problems that cannot be resolved by the placement supervisor Ensure you have Health Card coverage before starting work 	 Provide a safe working and learning environment Provide orientation and workplace health and safety training Sign the Work Education Agreement to identify who provides WSIB student coverage Are familiar with and follow accident reporting procedures Provide placement specific safety training Provide adequate and appropriate insurance for vehicles driven by or occupied by students while the student is involved in placement activities as per board policy 	 Follow the school board's placement procedures for all community-based learning programs Assess placements for suitability Assess whether placement supervision is appropriate Provide health and safety instruction and information on insurance coverage Follow Workplace Safety and Insurance Board and school board procedures for accident reports
STUDENT ASSESSMENT AND EVAL	JATION	
 Participate in the development and implementation of s Co-operative Education Learning Plan Participate with your supervisor and teacher in performance review Keep a Daily Activity Report as well as a record of your experience as required by the co-op teacher 	 Provide students with written or oral feedback after an employment interview as part of the learning experience Help develop the Student's Co- operative Education Learning Plans by identifying workplace applications Assist the co-operative education teacher in developing realistic and challenging Co-operative Education Learning Plan for their students Become familiar with students' strengths and the areas in which improvement is needed Jointly assess student progress with teachers, and provide written performance appraisals 	 Develop a Co-operative Education Learning Plan for each student in collaboration with the student and the supervisor Make regular on-site learning assessments of students at their placements as per curriculum expectations Assess and evaluate student performance Update and adjust students' placement learning plans as required to include added responsibilities and expectations Keep dated, anecdotal records on student placement learning assessment including approved changes in job responsibilities
ACCIDENT REPORTING PROCEDU	RES	
Report immediately to the Supervisor and Co-operative Education teacher any personal injuries that happen during placement	If student is unable, report accident immediately to the student's Co-operative Education teacher	Complete forms and send by email to the executive assistant to the Superintendent of Business within 24 hours' notice of the accident as per HR 121.

The above responsibilities and liabilities have been explained to me and I accept these conditions. I hereby agree to participate in the Co-operative Education/Work Experience program of the Grand Erie District School Board.

Date	Student Name	Student Signature
Date	Parent Name	Parent Signature (for students under 18 years of age)
Date	Supervisors Name MUST BE SIGNED BY ALL P	Signature of Supervisor

File Location & Retention:

APPENDIX B



Report of Training Station Hours

Report School				
Experiential Learning Teacher				
Reporting Period	From:	To:		
			Number of Ho	ours
Student Name (alphabetically)	Placement Name	WSIB MOE Paid Non-school placements	WSIB Employer Paid Non-school placements	WSIB Not Available Grand Erie DSB Teacher Supervised placements
<u> </u>				
	Total (this page)			
	GRAND TOTALS			

Date

Experiential Learning Teacher Signature

Date

Principal Signature

Page 1 of 4

APPENDIX C



Work Education Agreement

Instructions

The information on this form will be used to maintain the employment record of the training participant and is collected under the authority of the *Workplace Safety and Insurance Act*, 1997, c.16, s.21, 22; and the *Education Act*, R.S.O. 1990, c. E.2, s.8 and s.8.1. Because the Ministry of Education covers the cost of Workplace Safety and Insurance Board coverage for students 14 years of age or older, the Ministry and School Boards may use this information to verify the legitimacy of claims. Inquiries regarding this form should be directed to an Education Officer at the Ministry of Education, telephone 416-325-2547.

Definitions

Work Education Programs – are work experience, supervised alternative learning for excused pupils, and cooperative education programs.

Placement - is an individual, a commercial enterprise or an agency that is external to the school board

General Conditions

- The Board has approved a Work Education Program for pupils in its schools pursuant to Section 8 of the Education Act 1990.
- The Placement and the Student have agreed to participate in the said Work Education Program on the terms and conditions herein set forth.
- 3. Termination

Notwithstanding anything herein contained to the contrary, any party hereto may, with or without cause, summarily terminate this agreement with notice in writing to the other parties.

4. Supervision

During the hours of training herein set forth, the Student shall be under the supervision of the Placement Supervisor; however, the Board or its representatives shall be allowed access to the Placement and the Student at times that are mutually agreed upon with the Placement Supervisor.

5. Full-time Employee Tenure

The Placement agrees that the training of the Student hereunder shall in no way affect the job security of any fulltime employee.

- 6. Where Workplace Safety & Insurance Board coverage is not provided for the Student by the Placement, then pursuant to the Education Act, the Student, for the purposes of coverage under the Workplace Safety and Insurance Act, shall be deemed to be an "employee" of the Ministry of Education upon the execution of this agreement and the commencement of duties by the Student. Workplace Safety & Insurance Board coverage will be provided by the Ministry of Education under Schedule 1 of the Workplace Safety and Insurance Act.
- Where the Student is on the payroll of the Placement, the Placement is the Employer and is responsible for providing Workplace Safety & Insurance Board coverage and reporting claims.
 - If the Placement is currently reporting to the W.S.&I.B. the earnings must be included in their regular W.S.&I.B. returns.
 - If the Placement is not reporting to the W.S.&I.B., the Placement must contact the nearest W.S.&I.B. office to determine
 if coverage is mandatory when hiring workers.
- Where the Student is employed by the Placement outside the scope of this Agreement, the Employer and Worker are subject to the Employment Standards Act, the Regulations and Orders thereunder.

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student) 63-1970E (2016/07) © Queen's Printer for Ontario, 2016 Disponible on français

File Location & Retention: Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX C

Frequently Asked Questions

How to Obtain Workplace Safety & Insurance Board Coverage?

An agreement must be completed by the parties concerned before the student starts at the placement.

Who is Covered?

All students who are registered as participants in a work education program administered by a school board are covered by Workplace Safety and Insurance Board. The Ministry of Education provides this coverage unless it has been arranged by the placement.

When are Students Covered?

Students are covered during the time they spend at the placement under the supervision of the placement. Students are not covered for classroom or shop work in the school, when working as teachers' aides, or when travelling to and from the placement.

Students are covered when their placement is located on school board property, but in an area that is not directly supervised by a qualified teacher, e.g. building maintenance staff, audio-visual centre, purchasing department.

Types of Benefits Payable

For the purpose of Workplace Safety & Insurance Board coverage, students are deemed to be employees of the Ministry of Education although they do not receive wages. For purposes of calculating Workplace Safety & Insurance Board benefits, the "deemed" rate of pay is the general hourly rate established by minimum wage legislation.

The Workplace Safety and Insurance Act provides compensation, medical aid, and non economic loss for employees injured in on-the-job accidents. Compensation is provided for actual loss of earnings, e.g. student's part-time job.

When are Workplace Safety & Insurance Board Reports Required?

All injuries to students in the Work Education program, however minor, should be reported by the student to the school board representative with full details of when, where and how the injury occurred. Accidents requiring only first aid treatment do not have to be reported to the Workplace Safety & Insurance Board, but a record of the details must be kept by the school board. If treatment is given by a medical doctor, or if an accident results in lost time from the program, a report must be sent to W.S.&I.B.

Reporting Procedures

In case of an accident, the "Employer's Report of an Accidental Injury or Industrial Disease" (Form 7) must be completed by the school board representative within 3 days of the accident. The original report must be received by the Workers' Compensation Board with a copy of the Work Education Agreement, within 7 working days of the accident.

Please refer to Policy/Program Memorandum 76A for more complete details.

63-1970E (2016/07)

File Location & Retention: Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

Page2 of 4

APPENDIX C

District School Board		Date	Date Completed (yyyy/mm/dd)			
1. Parties to the Agreem	ent	275.22	1			
Student Trainee						
Last Name			First Name		Middle Initia	Age
Current Address Unit Number Street N	umber Street	Name			PO Box	
City/Town			Province		Postal Co	de
Home Telephone Number	Related Course	e				
Placement						
Name of Placement						
Employment Sector			Name of Place	ment Supervisor		
Placement Address					14 (10 40 40 50 40	
Jnit Number Street N	umber Street	Name			PO Box	
City/Town		Province		Postal Code	Telephone Nu	imber
Name of School School Address Unit Number Street N	umber Street	Name	Name of Teach	er	PO Box	
City/Town		Province		Postal Code	Telephone Nu	mber
2. Specific Time at Place	ment	_				
Period of Agreement						
	ite (yyyy/mm/dd)	to Date (yy	yy/mm/dd) faith	fully, honestly and dil	igently perform the	duties
of a trainee at the placement	as		(job	title)		
and devote his/her whole tim	e and attention to a	such placemen	t during the hours	hereunder prescribed		
Placement Hours						
The normal hours at the plac	ement shall be from	n	to			
Schedule dentify the days when the st	udent will be at the	placement (or	attach student's s	chedule).		
		(days of	placement)			
	ation & Retention: Office: E+1 (E = comple	etion of placement) then transferred to O	SR E+6 (E = retirement of s	tudent)	Page 3 of

APPENDIX C

3. Workplace Safety & Insurance Board Cov	/erage			
Workplace Safety & Insurance Board Coverage wil	be provided	d at the training station by:		
The Placement		The Ministry of Education		
For the entire period		For the entire period		
For the period between		For the period between		
and Date (yyyy/mm/dd) Date (yyyy/mm/dd) (i	nclusive)	Date (yyyy/mm/dd)		/mm/dd) (inclusive)
Number of placement hours for which Workplace S	afety & Insu	rance Board Coverage has bee	n provided:	
By the Placement hours year hours	ours	By the Ministry of Education	year hou	rs year hours
4. Signatures of Parties to the Agreement				
Student Name	Student S	ignature	Date	(yyyy/mm/dd)
Parent/Guardian Name	Parent/Gu	uardian Signature	Date	(yyyy/mm/dd)
Placement Name	Placemen	et Signature	Date	(yyyy/mm/dd)
Teacher Name	Teacher S	Signature	Date	(yyyy/mm/dd)

63-1970E (2016/07)

File Location & Retention: Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

Page 4 of 4

APPENDIX D



Placement Assessment Checklist

Student Name:		Job Title:	
Teacher:	School:		Date:
Placement Name and Address:			# of Employees:
Placement Supervisor:	Type of Placer	nent (manufacturing, he	alth sciences, transportation etc.)
Place	ment Representative Respo	onses	

Placement Representative Responses

PART ONE: ORIENTATION	Y	YES	NO
1. Does the company have Employment Policies & Procedures?			
2. Does the company have a Harassment Policy?			
3. Will the student be provided with an orientation of the facility, personnel, and procedures? e.g., fire alarm p	rocedures		
4. Is the supervisor familiar with accident reporting procedures for the student?			
5. Will the student be working at additional placement sites?			
If yes, will transportation be provided?			
6. Does the company have any restrictions (e.g., clothing, piercing, immunization, security checks) unique to placement?	this		
Details:			
7. Is a qualified/accredited employee willing and available to act as a supervisor and to follow the student's p	rogress		
8. Will this placement provide the student with a variety of learning experiences?			
9. Will the student be required to operate mobile equipment or motorized vehicles? If yes, identify mobile equipment or motorized vehicle(s) to be used:			
Will the student be trained before use?			
Have appropriate Board provided vehicle forms been completed?			

<u>NOTE:</u> School Boards do NOT provide any insurance coverage for students driving motorized vehicles while at their placements. Employers assume 100% of the liability for students who drive while at their placement.

PART TWO: FACILITIES	YES	NO
1. Is the business able to accommodate students with special needs? (e.g., wheelchairs, tools)		
2. Are there handicapped accessible washroom facilities?		
PART THREE: HEALTH AND SAFETY	YES	NO
1. Is there a health and safety policy at the workplace including employer specific COVID protocol requirements?		
If yes, is the policy posted?		
2. If needed, is there an Eye Wash and Shower station?		
3. Is there a Joint Health and Safety Committee? (20 or more employees)		
4. Is there a Workplace Health and Safety Rep.? (6 – 10 employees)		
5. Are copies of the Ontario Workplace Health and Safety Act and employer COVID protocol readily available?		
6. Are health and safety posters displayed?		
7. Will the student participate in relevant health and safety orientation and training including COVID requirements?		
If no, provide explanation:		
PART FOUR: CHEMICAL RISKS	YES	NO
1. Will the student be required to work with hazardous material?		1
If yes, continue: List substances that may be used:		
2. Do all hazardous material containers carry WHMIS labels?		
3. Are the Safety Data Sheets readily available (SDS)?		
4. Are the WHMIS posters displayed in the workplace?		
5. Will student receive necessary training and/or certification where appropriate?		

File Location & Retention:

PART FIVE: PHYSICAL RISKS	YES	NO
 Will the student be required to work with hand tools? 	I LO	NO
 Will the student be required to work with mechanically controlled devices/tools? 		
If yes to 1 or 2, is the equipment fitted with protective devices, safety devices and mechanisms?		
3. Will the student be trained on the proper use of the safety devices?		
4. Will the student be required to wear personal protective equipment (PPE)?		
5. Will the student be required to work in an enclosed space?		
If yes, will the student be trained on confined spaces, use of ladders, ramps, harnesses etc. Specify:		
PART SIX: ERGONOMIC HAZARDS	YES	NO
1. Will the student be required to lift heavy loads or perform repetitive motion tasks?		
If yes, continue:		
2. Are there rules in place for lifting? (e.g., weight limits, # of consecutive lifts, passageways clearing)		
3. Is lift equipment used in the workplace?		
4. Will the student be trained on proper safety procedures for using such equipment?		
5. Will the student be trained on practices to prevent strain injury?		
PART SEVEN: BIOLOGICAL HAZARDS	YES	NO
1. Within the assigned duties, will the student be exposed to biological hazards? (e.g., animals, plants, insects,		
liquids, organic materials, infectious diseases, raw foods, body fluids, other)		
If yes, specify:		
2. Will the student be required to wear personal protective equipment (PPE)?		
3. Is a sink and hot water readily available?		
4. Will the student receive training on the proper handling of biological hazardous materials?		
5. Will the student be required to be vaccinated?		
If yes, list vaccinations:		
PART EIGHT: PLACEMENT ACCOMMODATIONS: List any special accommodations		
TART EIGHT: TEACEMENT ACCOMINODATIONS. List any special accommodations		
PART NINE: EMPLOYER SPECIFIC TRAINING TO BE PROVIDED Scheduled	data	
TART NINE. EMILEOTER STEELINE TRAINING TO BETROVIDED Scheduled	uale	
	• 1	
PART TEN: ADDITIONAL STUDENT OR PLACEMENT SPECIFIC NOTES (e.g., protective gear required not providing, police check)	if emplo	oyer is
	<u>.</u>	
Discourse Democratic News		
Placement Representative Name: Date:		
Information verified and recorded by:		
School Board Representative Name: Date:		
Copies: 1. Teacher/Ctudent file Additional copies available upon request		

Copies: 1. Teacher/Student file Additional copies available upon request

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX	E
----------	---

	\sim		FI		Ы
Student	CO-O	perative	Education	Learning	g Plan
				C	

SUCCESS for	Every Student

Student Information	ו				
Student Name:				Date:	
Student Email:			Stude	ent Phone:	
IEP: Course name(s):	Course Code(s)	Credit Value	Grade Level	Туре	Policy Document
Community Partner	/Organization				
Name			_ Supervisor:		
Address					
Placement Informat	tion				
Job title			OYAP		

The learning plan is designed to identify the opportunities that the placement will provide, and the learning strategies that will be employed, to enable the student to refine, extend, apply and practise the identified co-op and related course expectations.

SECTION 2: ASSESSMENT AND EVALUATION

The cooperative education student will experience ongoing assessment and evaluation. The results of the assessment and evaluation will reflect their achievement of the co-op and related course expectations as outlined in subsequent sections of this learning plan. A variety of strategies will be employed to gather evidence of their achievement. These strategies will include careful, critical observation, anecdotal records, journals, student/ teacher/employer conferencing, assignments, an independent learning project (performance task) and a minimum of two performance appraisals. A variety of assessment/evaluation tools will be used to score the student's work including rubrics (achievement chart), checklists, and marking schemes. Evidence of student achievement will include input from several sources including the teacher, student and employer. A student's proficiency level will be based on the criteria described in the various categories/competencies of the related course achievement chart including Knowledge/Understanding (K/U), Application (A), communication (C), and Thinking/Inquiry (T/I).

SECTION 3: LEARNING STRATEGIES

These may include (but are not limited to):

- Brainstorming: group generation of initial ideas expressed without criticism or analysis
- Case Study: investigation of real and simulated issues
- Collaborative/cooperative learning: small group learning opportunities where there is a sharing of ideas and resources
- Computer assisted learning: learning for new materials or review/reinforce material previously learned
- Conferencing/discussion: student-student discussion, teacher to student discussion, student supervisor conferencing to encourage confidence and motivation to success in all learners
- Role modelling/playing: student will observe and respond to new tasks that have been demonstrated
- Independent study: exploration/research of a topic linked to the expectations of their related course
- One-to-one mentoring: students have an opportunity to learn directly
- Journal writing: the practice of expressing ideas, experiences, and personal understandings

File Location & Retention:

- Reports/presentations: oral, visual, and written presentation of researched topic
- Research: model of investigation
- Socratic lesson: oral presentation of information by the teacher/employer/supervisor or training personnel
- Teacher-directed class discussion: students actively participate in discussing current issues

Accommodations

Example:

- Provide additional time for the completion of written work
- Provide positive reinforcement for appropriate behaviour
- Incorporate opportunities for use of higher-level thinking

Student: Job Title: School: Teacher:

SECTION 4: EMPLOYER EXPECTATIONS

These expectations have been identified by the employer and are different from the Learning Skills and related course expectations.

Employer Expectations: (Examples)

- Work in a courteous, responsible and business-like manner and show appropriate initiative
- Observe and comply with the rules and regulations of the placement, including confidentiality requirements
- Comply with school attendance policies in the placement
- Inform the placement supervisor in advance if unable to report to the placement
- Work with teachers and supervisors to ensure that problems are dealt with immediately
- here is an employer expectation for ABC
- another one
- and another

SECTION 5: EXPECTATIONS AND PLACEMENT OPPORTUNITIES

This Student Cooperative Education Learning Plan (SCELP) contains the curriculum expectations of the Cooperative Education course and *Related Course Code* that describe the knowledge and skills the student will extend and refine through application and practice at the workplace. The SCELP also identifies the opportunities that the placement will provide to enable the student to apply and refine the required knowledge and skills as outlined in the co-op and related course expectations and to develop an understanding of current industry practices and standards. Students will be assessed and evaluated throughout the semester on their achievement of these expectations. The student will:

Co-op course Expectations	Opportunities at the Placement
• demonstrate an understanding of workplace health and safety rules, including placement specific workplace health and safety considerations and the procedure for reporting accidents	 complete a workplace Health and Safety questionnaire/ assignment complete a placement safety assignment
• reflect on and analyze their placement experiences and relate the placement experience both to curriculum expectations of the related course and to the expectations related to cooperative education	• complete a placement communication assignment communicate using the terminology of the placement
Employer:	Placement Supervisor:

The student will:

Related Course Expectations (Overall and specific Expectations)	Opportunities at the Placement (description of tasks to be performed at the workplace)

The student will:

Related Course Expectations (Overall and specific Expectations)	Opportunities at the Placement (description of tasks to be performed at the workplace)

PLACEMENT COMPONENT PERFORMANCE APPRAISAL

LEVEL 1 (50-59)

- uses procedures, equipment and technology safely and correctly only with supervision
- applies ideas and skills in familiar contexts with limited effectiveness
- makes connections with limited effectiveness
- transfers concepts, skills to procedures to new context with **limited** effectiveness

LEVEL 2 (60-69)

- uses procedures, equipment and technology safely and correctly with some supervision
- applies ideas and skills in familiar contexts with moderate effectiveness
- makes connections with moderate effectiveness
- transfers concepts, skills to procedures to new context with moderate effectiveness

LEVEL 3 (70-79)

- uses procedures, equipment and technology safely and correctly
- applies ideas and skills in familiar contexts with **considerable** effectiveness
- makes connections with **considerable** effectiveness
- transfers concepts, skills to procedures to new context with considerable effectiveness

LEVEL 4 (80-100)

- demonstrates and promotes the safe and correct use of procedures, equipment and technology
- applies ideas and skills in familiar contexts with a high degree of effectiveness
- makes connections with a high degree of effectiveness
- transfers concepts, skills to procedures to new context with a high degree of effectiveness

			APPENDIX
	Restitution-I	Form-Letter¶	La company
Date ¶			
¶ WITHOUT-PREJUDICE¶			
1			
Parent/Guardian-Name ¶ Student-Name ¶			
Stree-Address ¶			
City, ON Postal Code ¶			
Parent-or-student-name ¶			
1			
We-are-in-receipt-of-a-report-ind at-placement,-was-involved-in-in			
1	cident description (me	adent description) resulting	(in (damage to property).
The cost to repair this damage is	The second s		
insurance-policy-protects-studen amounts¶	its-who-participate-in-t	nese-ventures,-subject-to-c	ertain-specified-deductib
1			
In-this-instance,-insurance-cover amount-of-fill-in-amountPleas School-Board"-to-the-attention-o ¶ Grand-Erie-District-School	e send-a-chèque-in-th f:¶ DI-Board¶	is-amount-made-payable-	
c/o·Superintendent-of-Bu 349-Erie-Avenue¶	siness and Treasurer ¶		
Brantford, ON-N3T-5V3	1		
٢			
If-you-have-any-questions-regar 6306-x-281134¶	ding-this-incident, ple	ase do not hesitate to con	tact-the-writer-at-519-750
1			
Sincerely, 1			
1			
Executive-Assistant-to-the-Superi	ntendent-of-Business-a	nd-Treasurer-¶	
5 cc: → School·Principal·and·Exp	periential MonitorCo-o	p-Monitor-¶	
•			
A			

APPENDIX G

Norker Information Worker Information Worker Information Worker Information Worker Information Worker Information Using of the information Secular secure Summer Secular Secure	Please PRINT is black liek
age strate for ke	Roher Reve
a des li Phi serier a z ancade a des à des a des a La desea lina desea li des a	C. Accelerate Ultimes States and Details (Cellment) To the action Visual Second attraction of the index data fact, and was used on the state in the stat
	product (see a), in and in track the of T
Minut Large Andread State Andread Andread State Andread Andread Andread Andread Andread Andread Andread State Andread Andrea	Bothe account lines toget actual to Prants Date Type, when inth previne high control Type, when inth previne high
Section (Autor (Autor Col)	Anopea seem of an information of the emphasiss Pyper, and its name (ii, particular, and well place contents); Excellent is the added of them 7
mployer Information and Logithers (Following review field) ISTRY OF EDUCATION (c/o Grand Erie DS8)	A
g Auferes. Beitt Greus Vaniter Clausification Unit Dode	25. We any individual, who does not worther previous and you does not worther previous the series and we previous not work previous not been and you does not been
Erie Avenue 2	
Intford ON N3T 5V3 619-756-6301	LL. We note not any proceedings or related persons. Types, planes maked Lippe
Atmas where solar a based of affinent term making address - m - attrantetions	12. Piper bara process alout the Claim, attact a settler submission to this form. 🗌 whereaster stracted
teen Pruitige PadarEade Attended Telephone	D. Health Care 1. Defensive roots watcare to the impliment of the Target State of the sector of the
ezident/Winnus Defau and Beitain	Den Den Pytt, etc.
As and hand of the product of the pr	3. Where any Waveshortsamic for the Append Phase and a shock of the of a couply
Read free reported 40 AM P Brand Anti- Totagene Anti- FA	Diver
A True of contrast Viewer A True of contrast Viewer Allower where the set that and all	erhaltysteteinkitte enker (Frence
Sociale Social	
or Philips (Back Fort, (Binania Schuck all Back county)	E. Least Time - No Lost Time 5. Now recovery of the Islands statutes. After the day of contribut, sequences of Harvas, this market
New Total Specified Specifif	Betrame its trait the maginizer jobs and there and that any their and the marries (Competent sections 6 and 7). Petranets modellined work on these and interpretences or section. To be made to accelerate T, 6, and 8.
Name Total Opportunity Leff Space Leff	Hans and the said or sairing. (To makely AL considering methods)
and which happened to excert the excitent. Where we what the weak or was timing at the tree officing a 10 h. Son, stapped on yet Figur, republies resonands.	Trainin da wele M bei tre
	2. Biological for Lind Type - Medical Ways introduce we codined by
	F. Richard To Werk
	1. Har pulles protect all and 2. Har milled and have 1. Har neither set here
	an a
	A. We be requested the result of setting therein A where herein and the result of the res res result of the res result of the result
Philicanstern & Reference: Comp Office: 101 If - completion of planement than baselened in DIR Tell II - attracted of landwell APPENDIX G Sib The plane of a Resport The seadow of a Resport The	Out of the second
Philippedian British and phase with the standard in SIX 1+8 Z + antenance of balance Sibility of the SIX 2+7 Z + sequences of the standard in SIX 1+8 Z + antenance of balance Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard particle 7 T Single of the SIX C - SIX C - SIX 1+8 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard particle 7 T Six 2+10 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance of the SIX 1+8 Z + antenance of the standard Sibility of the SIX 1+8 Z + antenance o	Out of the second
Pit control & Relation: Congr Office 111 2 - sequences (there because with SBE 1+2 2 - extrement of laters) Sibbstone Pitanes PENT in Mark Infe	Biguet Description Descripti Descripti Description Description De
Philosophie Still - sequences de la societa	ONITABLE PENNE ALL
Philipsetters: Comp Office 11 if a receptation of planement from transformation ISBE 14 if a restrement of latered Sibility of the Total II is receptation of planement from transformation III III is a restrement of latered Planeme PERMY in March Inte Planeme PERMY in March	Biguet Description Descripti Descripti Description Description De
Places PENT in Mark Int Places PENT in Mark Int Places PENT in Mark Int	Biguet Description Descripti Descripti Description Description De
Pit umation & Releases Comp Office & I / I / a reception of planement from transformed to SULTAR J = estimated of address Planeme PRINT in March Inter Planeme Print Inter Planeme PRI	Biguet Description Descripti Descripti Description Description De
Plane PENT in tank in	Biguet Description Descripti Descripti Description Description De
Places PENT in Mark Inter Places PENT in Mark Inte Places PENT in Mark Inte Places PENT in Mark Inte Places PENT in Mark Inte Places PENT in Mark Inte Places PENT in Mark Inte Places PENT in Mark Inte Places PENT in Mark Inte Places PENT in Mark Inte Places PENT in Mark Inte Places PENT in Mark Inte P	Biguet Description Descripti Descripti Description Description De
Placement of the first of the end of the second of the first of the second of	Biguet Description Descripti Descripti Description Description De
Place PERFORMENT of placements have backleved to DBL 14 by a retreased of adapted Placement of the Brit of a reserved of placements have backleved to DBL 14 by a retreased of adapted Placement of the Brit of a reserved of the Brit	Impart Oner Instance Instance Instance OWIT A ULL LE Mark more all Relations Program Program Program WSID Comp Getter 1-1 (1) = nonsphere of placement that transformed to Get 1-6 II = noticement of adverse of a Reap Getter 1-1 (1) = nonsphere of Reap Getter 1-1 (1) Program Program WSID Program Placement PRINT to March Inde Program Program March Texts Program Placement PRINT to March Inde For the program
Plane PROF in line to the second of plane with the second of the line of the second of the second of the line of the second of the line of the second of the line of the second of the second of the second of the line of the second of the sec	Impart Oner Instance Instance Instance OWIT A ULL LE Mark more all Relations Program Program Program WSID Comp Getter 1-1 (1) = nonsphere of placement that transformed to Get 1-6 II = noticement of adverse of a Reap Getter 1-1 (1) = nonsphere of Reap Getter 1-1 (1) Program Program WSID Program Placement PRINT to March Inde Program Program March Texts Program Placement PRINT to March Inde For the program
Planame PERMIT in Nanch International State Action of Advanced International Advanced In	Impart Oner Instance Instance Instance OWIT A ULL LE Mark more all Relations Program Program Program WSID Comp Getter 1-1 (1) = nonsphere of placement that transformed to Get 1-6 II = noticement of adverse of a Reap Getter 1-1 (1) = nonsphere of Reap Getter 1-1 (1) Program Program WSID Program Placement PRINT to March Inde Program Program March Texts Program Placement PRINT to March Inde For the program
	Biguet Description Descripti Descripti Description Description De
	Impart Oner Instance Instance Instance OWIT A ULL LE Mark more all Relations Program Program Program WSID Comp Getter 1-1 (1) = nonsphere of placement that transformed to Get 1-6 II = noticement of adverse of a Reap Getter 1-1 (1) = nonsphere of Reap Getter 1-1 (1) Program Program WSID Program Placement PRINT to March Inde Program Program March Texts Program Placement PRINT to March Inde For the program
	Impart Oner Instance Instance Instance OWIT A ULL LE Mark more all Relations Program Program Program WSID Comp Getter 1-1 (1) = nonsphere of placement that transformed to Get 1-6 II = noticement of adverse of a Reap Getter 1-1 (1) = nonsphere of Reap Getter 1-1 (1) Program Program WSID Program Placement PRINT to March Inde Program Program March Texts Program Placement PRINT to March Inde For the program
<page-header></page-header>	Biguet Description Descripti Descripti Description Description De
<form><form><form></form></form></form>	Biguet Description Descripti Descripti Description Description De
<form><form></form></form>	Biguet Description Descripti Descripti Description Description De
	Biguet Description Descripti Descripti Description Description De
<text></text>	Biguet Description Descripti Descripti Description Description De
<page-header></page-header>	Biguet Description Descripti Descripti Description Description De
<page-header></page-header>	Impart Oner Instance Instance Instance OWIT A ULL LE Mark more all Relations Program Program Program WSID Comp Getter 1-1 (1) = nonsphere of placement that transformed to Get 1-6 II = noticement of adverse of a Reap Getter 1-1 (1) = nonsphere of Reap Getter 1-1 (1) Program Program WSID Program Placement PRINT to March Inde Program Program March Texts Program Placement PRINT to March Inde For the program
<page-header></page-header>	Impart Over Register Register It OWIT A ULL LE Mark more Register Register OWIT A ULL LE Mark more Register Register WSID Comp Get(ss: 1-1:1) = namepides of placement that transformed to OWIT in B = national state data Register WSID Comp Get(ss: 1-1:1) = namepides of placement that transformed to OWIT in B = national state data Register WSID Placement PRINT in March Inde To Define that the index index March Texts Placement PRINT in March Index Todain in an North
<page-header></page-header>	Impart Over Response Lit OWIT A ULL LIE Mark more than the same placement that transformed to OWIT a B a network of a locking Program WSID Comp Office 1 a 1 (the new placement that transformed to OWIT a B a network of a locking Program WSID Comp Office 1 a 1 (the new placement that transformed to OWIT a B a network of a locking Program WSID Program Program Placement PRINT in March Tak Comp Office 1 a locking Not refere State locking

APPENDIX H

Appendix H

Copaa	200, rue Fr Toronto ON	M5V 3J1					A113	de traitement
Practitioner/ Praticien/Hô	N. V.NE. KAR	The worker claims to have are sending a report to t Le travailleur affirme ave traitements. En tant qu'	the Workplace Saf oir subi une lésion 'employeur de ce t	ety and Insurance Boa pendant qu'il travailla travailleur, nous ferons	ard (WSIB). ait pour nous e s parvenir un r	t deman apport à	de des la Comm	
	Last Name/Nom	de la sécurité profession de famille	In street, so the street, so we have	rance contre les accid	o and a second database	(CSPAA1 //nitiale	<u></u>	assurance sociale
Worker Identification Identification du travailleur	Address (nostre	eet,apt. no.)/Adresse (n*, rue, app.)		City,Town/Ville	L	Province		Postal Code/Code postal
1 100010000000	Firm Name/Nom	n de l'entroprise				WSIB Firm 1	No//// d'entrep	vise à la CSPAAT
Identification Identification de l'employeur	Address/Adress			City,Town/Ville		Province		Postal Code/Code postal
	Dete and hour o	of accidental injury Date and	hour accident reported	Nature of Injury/Natur	re de la lésion			
Accident Information Renseignements sur faccident	Date et heure de dd/jj mm/m/	of accidental injury l'accident m yy/aa time/ heure am pm	i hour accident reported eure où fut signalé raccides mm/mm yy/aa time,	ot / heure em D pm D				
Important:	future refere	in and file this document fo ence and submission to the		of Company Officer/Nom du dirig	ieant de l'entreprise		Date (c	dd/mm/yy) (ji/mm/ae)
		uested. Iserver ce document pour Iture et pour présentation			Please se	e other s	ide/Voir a	au verso.
Please submit	à la CSPAAT	sur demande. to the WSIB/Veuillez env	oyer votre compte	à la CSPAAT.				
0156C (07/10)								
		File Location & Retention: Co-op Office: E+1 (E = con	npletion of placement) the	en transferred to OSR E+6 (E = 1	retirement of student	2		
								Appendix
								Appendix
octor, dentist, ch the Workplace	iropractor, sp Safety and Ins	re received attention at a hosp becalist, etc.) if you require fur surance Board (WSIB).	bital emergency depa ther treatment. Afte	artment for your injury, ye r choosing, however, you	ou are entitled to a may not change	o choose j e health p	your health	professional (i.e. family
egardless of who octor, dentist, cr the Workplace salth Profession	iropractor, sp Safety and Ins onal nined the Inju	ecialist, etc.) if you require fur	rther treatment. Afte	r choosing, however, you so on any day beyond the	u may not chang e day of injury, pl	e health p ease sub	rofessiona	a professional (i.e. family Is without the permission
gardless of why ctor, dentist, cf the Workplace ealth Professi you have detern ealth Professi e WSIB support ployers accom- nctional abilitie	iropractor, sp Safety and Ins onal nined the Inju onal - Form 8 s early and sa modate their s. To assist the	ecialist, etc.) if you require fur surance Board (WSIB). red worker will be disabled fro	ther treatment. Afte om earning full wage eport; Chiropracto ant is injured immed iky by minor modifice neasures, the WSIB /	r choosing, however, you as on any day beyond the rs - Form 284C, Chiropra late action is recommen ations to their normal job urges that you discuss th	a may not change e day of injury, pl actor's First Repo ded to ensure th so or by transfer his matter with yo	e health p lease subi ort. at approp to other o bur patien	rofessiona mit the app priate meas ccupations it and co-oj	professional (i.e. family is without the permission propriate form to the WSI sures are instituted. Many more suited to their
gardless of who corr, dentist, ch the Workplace asith Professi e WSIB support polyers accom- notional abilities adical staff or re- ravailleur bles wavailleur bles	irropractor, sp Safety and Ins onal trined the Inju onal - Form 8 s early and sa modate their i . To assist the isponsible rep sé non été traité ticlen, spécial	ecalist, etc.) if you require fur surance Board (WSIB). red worker will be disabled fm , Health Professional's First R fre return to work. If your patie injured workers advantageous e employer in planning such m	ther treatment. Afte om earning full wage eport; Chiropracto ant is injured immed by by minor modifice neasures, the WSIB is a program which is r votre lésion, vous a oir d'autres soins. C	r choosing, however, you es on any day beyond the rs - Form 284C, Chiropre iate action is recomment tions to their normal job urges that you discuss th reasonable and appropri- vez le droit de choisir vo ependant, une fois que v	e day of injury, pl actor's First Repr ded to ensure th is matter with y late for the injur	e health p lease subi rt. at approp to other o bur patien ed worker ef de la sa tre choix,	nofessiona mit the app orlate meas coupations it and co-op r, nté (c. à-d vous ne po	a professional (i.e. family is without the permission propriate form to the WSI sures are instituted. Many more suited to their perate with the employer médecin de famille, puvez pas changer de
gardless of which of the Workplace acith Profession acith Profession e WSIB support ployers accommentional abilities edical staff or re- revealiter bios accomment of the support availiteur bios accomment of the support availiteur bios accomment of the support accomment of the support accomme	iriopractor, sp Safety and Ins onal mined the Inju onal - Form S s eaily and sa modate their i To assist thi sponsible rep ese non été traité ticien, spécial a santé, sans e la santé, sans e la santé, sans e la santé, sans	eeialist, etc.) if you require fur surance Board (WSIB). red worker will be disabled frr , Health Professional's First Ri rife return to work. If your patie guired workers advantageous è employer in planning such m resentatives in implementing the Furgence d'un höpital pour liste, etc.) si vous devez recev l'autorisation de la CSPAAT d rravailleur blessé est invalide, aire approprié : Professionne	ther treatment. Afte om earning full wage eport; Chiropracto ant is injured immed wy by minor modifica neasures, the WSIB is a program which is a program which is or votre lésion, vous a voir d'autres soins. O le la sécurité profess cà-d. qu'il ne sera.	r choosing, however, you es on any day beyond the rs - Form 284C, Chiropra iate action is recomment tions to their normal job urges that you discuss th reasonable and appropri- vez le droit de choisir vo ependant, une fois que v sionnelle et de l'assurant pas en mesure de gagne	a may not change e day of injury, pl actor's First Repr ded to ensure th is or by transfer is matter with yc iate for the injur the professionne rous avez fait vo ce contre les act ar son plein sala	e health p lease subi ort, at approp to other o bur patien ed worker of de la sa tre choix, cidents du	nofessiona mit the app priate meas ccupations it and co-op r. nté (cà-d vous ne po y travail (C it favail (C	a professional (i.e. family ils without the permission propriate form to the WSI sures are instituted. Many more suited to their perate with the employer médecin de famille, suvez pas changer de SPAAT).
gardless of whi- ctor, dentist, ch the Workplace saith Professi you have detern saith Professi e WSIB support plovers accom- notionial abilities adical staff or re- availleur bless availleur	viropractor, sp Safety and Ins onal Mined the inju onal - Form 8 s eating and sa mon etch traited toiens, spécial seé non été traited toiens, spécial a santé, sans e la santé,	eeialist, etc.) if you require fur surance Board (WSIB). red worker will be disabled frr , Health Professional's First Ri rife return to work. If your patie guired workers advantageous è employer in planning such m resentatives in implementing the Furgence d'un höpital pour liste, etc.) si vous devez recev l'autorisation de la CSPAAT d rravailleur blessé est invalide, aire approprié : Professionne	ther treatment. Afte om earning full wage eport; Chiropracto ent is injured immed by by minor modifice neasures, the WSIB is neasures, the WSIB is neasu	r choosing, however, you as on any day beyond the rs - Form 284C, Chiropra iate action is recommen- tions to their normal job urges that you discuss th reasonable and appropri- vez le droit de choisir vo ependant, une fois que v sionnelle et de l'assurant pas en mesure de gagne nulaire 8, Premier rappo st invalide, nous recomm le ratour au travail de le notionnelles Alfn d'aides	a may not change day of injury, pl actor's First Repr ded to ensure th is or by transfer i sis matter with y iate for the injur visit for the inju	e health p lease subi ort. at approp to other o bur patien ed worker of de la sa tre choix, cidents du irre après nel de la : s mesures blessés ei leanifier d	rofessiona mit the app priate meas coupations it and co-or r, nté (cà-d vous ne pou vous ne pou vous ne pou pavail (C ie jour de l santé ; Chi approprié n modifian e teiles me	I professional (i.e. family ils without the permission propriate form to the WSI sures are instituted. Many more suited to their perate with the employer médecin de famille, suvez pas changer de SPAAT). "accident, veuillez faire iropraticiens - Formulai es solent prises sans tart t légèrement leur travail sures, nous vous prions
gardless of whi- ctor, dentist, ch the Workplace saith Professi you have detern saith Professi e WSIB support plovers accom- notionial abilities adical staff or re- availleur bless availleur	viropractor, sp Safety and Ins onal Mined the inju onal - Form 8 s eating and sa mon etch traited toiens, spécial seé non été traited toiens, spécial a santé, sans e la santé,	ecialist, etc.) if you require fur surance Board (WSIB). red worker will be disabled fro Health Professional's First Ri- red workers advantageous e employer in planning such m resentatives in implementing 4 à l'urgence d'un hōpital pour liste, etc.) si vous devez recev l'autorisation de la CSPAAT d ravailleur blessé est invalide, alie approprié : Professionne praticien. ra u travail rapide et sécuritalin ali. Bon nombre d'employeurs ure emploi convenant mieux.	ther treatment. Afte om earning full wage eport; Chiropracto ent is injured immed by by minor modifice neasures, the WSIB is neasures, the WSIB is neasu	r choosing, however, you as on any day beyond the rs - Form 284C, Chiropra iate action is recommen- tions to their normal job urges that you discuss th reasonable and appropri- vez le droit de choisir vo ependant, une fois que v sionnelle et de l'assurant pas en mesure de gagne nulaire 8, Premier rappo st invalide, nous recomm le ratour au travail de le notionnelles Alfn d'aides	a may not change day of injury, pl actor's First Repr ded to ensure th is or by transfer i sis matter with y iate for the injur visit for the inju	e health p lease subi ort. at approp to other o bur patien ed worker of de la sa tre choix, cidents du irre après nel de la : s mesures blessés ei leanifier d	rofessiona mit the app priate meas coupations it and co-or r, nté (cà-d vous ne pou vous ne pou vous ne pou pavail (C ie jour de l santé ; Chi approprié n modifian e teiles me	I professional (i.e. family ils without the permission propriate form to the WSI sures are instituted. Many more suited to their perate with the employer médecin de famille, suvez pas changer de SPAAT). "accident, veuillez faire iropraticiens - Formulai es solent prises sans tart t légèrement leur travail sures, nous vous prions
gardless of whi- ctor, dentist, ch the Workplace saith Professi you have detern saith Professi e WSIB support plovers accom- notionial abilities adical staff or re- availleur bless availleur	viropractor, sp Safety and Ins onal Mined the inju onal - Form 8 s eating and sa mon etch traited toiens, spécial seé non été traited toiens, spécial a santé, sans e la santé,	ecialist, etc.) if you require fur surance Board (WSIB). red worker will be disabled fro Health Professional's First Ri- red workers advantageous e employer in planning such m resentatives in implementing 4 à l'urgence d'un hōpital pour liste, etc.) si vous devez recev l'autorisation de la CSPAAT d ravailleur blessé est invalide, alie approprié : Professionne praticien. ra u travail rapide et sécuritalin ali. Bon nombre d'employeurs ure emploi convenant mieux.	ther treatment. Afte om earning full wage eport; Chiropracto ent is injured immed by by minor modifice neasures, the WSIB is neasures, the WSIB is neasu	r choosing, however, you as on any day beyond the rs - Form 284C, Chiropra iate action is recommen- tions to their normal job urges that you discuss th reasonable and appropri- vez le droit de choisir vo ependant, une fois que v sionnelle et de l'assurant pas en mesure de gagne nulaire 8, Premier rappo st invalide, nous recomm le ratour au travail de le notionnelles Alfn d'aides	a may not change day of injury, pl actor's First Repr ded to ensure th is or by transfer i sis matter with y iate for the injur visit for the inju	e health p lease subi ort. at approp to other o bur patien ed worker of de la sa tre choix, cidents du irre après nel de la : s mesures blessés ei leanifier d	rofessiona mit the app priate meas coupations it and co-or r, nté (cà-d vous ne pou vous ne pou vous ne pou pavail (C ie jour de l santé ; Chi approprié n modifian e teiles me	I professional (i.e. family ils without the permission propriate form to the WSI sures are instituted. Many more suited to their perate with the employer médecin de famille, suvez pas changer de SPAAT). "accident, veuillez faire iropraticiens - Formulai es soient prises sans tart t légèrement leur travail sures, nous vous prions
gardless of whi- ctor, dentist, ch the Workplace saith Professi you have detern saith Professi e WSIB support plovers accom- notionial abilities adical staff or re- availleur bless availleur	viropractor, sp Safety and Ins onal Mined the inju onal - Form 8 s eating and sa mon etch traited toiens, spécial seé non été traited toiens, spécial a santé, sans e la santé,	ecialist, etc.) if you require fui surance Board (WSIB). red worker will be disabled for , Health Professional's First Ri- rife return to work. If your patile if a rungence d'un hôpital pour iste, etc.) si vous devez recev l'autorisation de la CSPAAT d ravailleur blessé est invalide, autorisation de la CSPAAT d ravailleur blessé est invalide, praticien. ra u travail rapide et sécuritai all. Bon nombre d'employeurs travailleur bless.	ther treatment. Afte om earning full wage eport; Chiropracto ent is injured immed by by minor modifica neasures, the WSIB i a program which is rvotre lésion, vous a olr d'autres soins. C le la sécurité profess cà-d. qu'il ne sera el de la santé - Forr re. Si votre patient e s tentent de faciliter a leurs capacités foi r avec le personnel r	r choosing, however, you as on any day beyond the rs - Form 284C, Chiropra iate action is recommen- tions to their normal job urges that you discuss th reasonable and appropri- vez le droit de choisir vo ependant, une fois que v sionnelle et de l'assurant pas en mesure de gagne nulaire 8, Premier rappo st invalide, nous recomm le ratour au travail de le notionnelles Alfn d'aides	a may not change e day of injury, pl actor's First Repu- lactor's First Repu- sis matter with y ister for the injur ister professionne rous avez fait vo ce contre les acc ar son plein sala rt du profession nandons que les urs travailleurs à r l'employeur à p u les représenta	ease subb rrt. at approp to other o to other other other other other other other other other to other o	rofessiona mit the app priate meas coupations it and co-or r, nté (cà-d vous ne pou vous ne pou vous ne pou pavail (C ie jour de l santé ; Chi approprié n modifian e teiles me	I professional (i.e. family ils without the permission propriate form to the WSI sures are instituted. Many more suited to their perate with the employer médecin de famille, suvez pas changer de SPAAT). "accident, veuillez faire iropraticiens - Formulai es soient prises sans tart t légèrement leur travail sures, nous vous prions
gardless of whi- ctor, dentist, ch the Workplace saith Professi you have detern saith Professi e WSIB support plovers accom- notionial abilities adical staff or re- availleur bless availleur	viropractor, sp Safety and Ins onal Mined the inju onal - Form 8 s eating and sa mon etch traited toiens, spécial seé non été traited toiens, spécial a santé, sans e la santé,	ecialist, etc.) if you require fui surance Board (WSIB). red worker will be disabled for , Health Professional's First Ri- rife return to work. If your patile if a rungence d'un hôpital pour iste, etc.) si vous devez recev l'autorisation de la CSPAAT d ravailleur blessé est invalide, autorisation de la CSPAAT d ravailleur blessé est invalide, praticien. ra u travail rapide et sécuritai all. Bon nombre d'employeurs travailleur bless.	ther treatment. Afte om earning full wage eport; Chiropracto ent is injured immed by by minor modifica neasures, the WSIB i a program which is rvotre lésion, vous a olr d'autres soins. C le la sécurité profess cà-d. qu'il ne sera el de la santé - Forr re. Si votre patient e s tentent de faciliter a leurs capacités foi r avec le personnel r	r choosing, however, you so on any day beyond the rs - Form 284C, Chiropra iate action is recommen- tations to their normal job urges that you discuss th reasonable and appropri- vez le droit de choisir vo ependant, une fois que v sionneile et de l'assurant pas en mesure de gagne nulaire 8, Premier rappo st invalide, nous recomm le retour au travail de le noctionnelles. Afin d'aiden médical de l'employeur o	a may not change e day of injury, pl actor's First Repu- lactor's First Repu- sis matter with y ister for the injur ister professionne rous avez fait vo ce contre les acc ar son plein sala rt du profession nandons que les urs travailleurs à r l'employeur à p u les représenta	ease subb rrt. at approp to other o to other other other other other other other other other to other o	rofessiona mit the app priate meas coupations it and co-or r, nté (cà-d vous ne pou vous ne pou vous ne pou pavail (C ie jour de l santé ; Chi approprié n modifian e teiles me	I professional (i.e. family ils without the permission propriate form to the WSI sures are instituted. Many more suited to their perate with the employer médecin de famille, suvez pas changer de SPAAT). "accident, veuillez faire iropraticiens - Formulai es soient prises sans tart t légèrement leur travail sures, nous vous prions

File Location & Retention:

C

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX I



Statement of Authority to Collect Social Insurance Number For Students Participating in an Experiential Workplace Placement

The Ontario Ministry of Education authorizes the Grand Erie District School Board's Experiential Learning teachers to collect the Social Insurance Number (SIN) of those students participating in an experiential workplace situation.

This collection is required in order to complete the Workplace Safety and Insurance Board's *Employer's Report of Injury/Disease Form 7* should it be required.

School boards, with the assistance of placement employers, must ensure that Workplace Safety and Insurance Board (WSIB) requirements are properly adhered to both prior to and during work placements. If a student sustains a work-related injury or contracts a disease while participating in a work education or experiential learning program, that student is eligible to receive benefits and services through the WSIB. Any injury or disease, however minor, suffered by a student during a work placement must be reported by the student to the placement employer and to the cooperative education teacher. All school board policies and procedures must be followed. If treatment for the workplace injury or disease is required from a health care professional (beyond first aid), or if the injury or disease results in loss of time from the program, a Form 7 report must be sent by the school board representative to the WSIB. Because accident reporting procedures call for students' social insurance numbers, Grand Erie District School Board students should have or be actively obtaining a SIN number upon acceptance into work education or experiential learning programs and is a requirement for students in the Ontario Youth Apprenticeship Program (OYAP).

I acknowledge that a Social Insurance Number (SIN) is necessary and will be collected by the experiential learning teacher per Grand Erie District School Board requirements.

Date	Student Name	Student Signature
Date	Parent Name	Parent Signature (for students under 18 years of age)

APPENDIX J



Experiential Learning Guidelines

Work Extension Form Agreement Section B, Item #2 – Extended Hours of Placement

This is to confirm that

will be working additional hours

beyond those specified in the Work Education Agreement, for additional experience or to complete the required hours.

Listed below are the dates and times that the student will work. During this period the student <u>will</u> be covered under the Ministry of Education's Worker's Compensation policy provided student is participating in an experiential learning capacity.

Date	Starting Time	Finishing Time	Total Hours/Day
		Total Hours	

	Print Name	Signature	Date
Student			
Workplace Supervisor			
Experiential Learning Teacher			
Parent/Guardian			

- N. B. This form is to be attached to and form part of the student's completed Work Education Agreement and copied to all respective parties.
- N.B. Students working in part-time employment situations, are not covered under the MOE and must have their WSIB premiums paid by the employer.

APPENDIX K



Risk Management Advisory Waiver/Consent Student Involvement in High Risk Experiential Learning Placement Activities Supervised by a Qualified Teacher

Background:

The Grand Erie District School Board recognizes the value and importance of the school-to-work initiatives which encourage students to work towards a socially responsible future and endeavors to provide assistance and guidance in their pursuit of job skills and experience. Following are guidelines for students and their parents/guardians:

Safety Guidelines:

- 1. Certain experiential learning placements being requested by our students, due to their very nature, and through no fault of the Board or the Co-op program, pose an element of risk.
- 2. Students enrolled in experiential learning programs where the work placement is located on school board property and supervised by Grand Erie staff members are covered by WSIB.
- 3. Students whose job placements require them to participate and assist in the supervision of students during a high-risk activity must have this documented on their learning plan and must submit the following to their teacher/monitor:
 - a) Signed consent by the parent (under age 18) or
 - b) Signed waiver by the student (age 18 or older)
 - c) Student accident insurance will be offered to parents of, or, to students whose job placements require them to participate and assist in the supervision of students during a high-risk activity. The purchase of the insurance is the sole responsibility of the parent/guardian or the student if they are 18 years of age or older.

STUDENT

PLACEMENT LOCATION

INHERENT RISKS

(attach separate sheet if necessary)

Consent for Participation (students under age 18):

I give permission for my child to participate in the activity named above and I further acknowledge that I am aware the Board does not provide accident insurance for this activity. I have been informed of the risks of this activity and the benefits of obtaining Student Accident Insurance.

Signature of Parent/Guardian

Date

HOME SCHOOL

ACTIVITY

Printed Name of Parent/Guardian

Acknowledgement and Waiver of Insurance (students aged 18 or older):

As a student in an experiential learning program, I acknowledge that I have been made aware of the abovementioned Risk Advisory provisos and fully understand that I am responsible for providing student accident insurance during this placement. I agree to hold the Board harmless for any injuries sustained by myself.

Signature of Student (must be 18 years or older)

Date

Use of personal information collected on this form is authorized under Section 31(a) of the Municipal Freedom of Information and Protection Privacy Act and will be used for the purpose of conducting the experiential learning program outlined in the student's learning plan.

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX L



Risk Management Advisory and Consent Student Transportation to Experiential Learning Placement

Background:

The Grand Erie District School Board recognizes the value and importance of the school-to-work initiatives which encourage students to work towards a socially responsible future and endeavors to provide assistance and guidance in their pursuit of job skills and experience.

Following are guidelines for students and their parents/guardians:

Safety Guidelines:

- 1. Students enrolled in experiential learning programs are responsible for their transportation to and from their placements with the exception of certain programs deemed as specialized by the Board.
- 2. Public transit to and from placements is recommended.
- 3. Students can only be transported in privately-owned vehicles by staff or volunteers who possess a valid G Licence and a minimum of \$2 million of liability insurance.
- 4. Students whose job placements require them to operate a non-owned (company) vehicle must have this documented on their learning plan and must submit the following to their teacher/monitor:
 - a) Workplace supervisor acknowledgement and certification that the student's licence is the appropriate classification for operating the non-owned vehicle at the placement and that the workplace has secured appropriate insurance coverage for the non-owned vehicle
 - b) Workplace supervisors will ensure that all students operating a non-owned vehicle are properly trained in its operations and that all vehicles are properly maintained and insured
 - c) Signed consent by the student/parent
- 5. The insurer of the vehicle must respond to any insurance claims.

Acknowledgement:

STUDENT

HOME SCHOOL

As a student or parent/guardian of a student enrolling in an experiential learning program, I acknowledge that I have been made aware of the above-mentioned Risk Advisory provisos and fully understand that I/we am/are responsible for providing transportation to and from the workplace.

Signature of Student (must be 18 years or older) or Parent/Guardian

Date

Printed Name if signed by Parent/Guardian



APPENDIX M

Student Transportation by Workplace Supervisor Experiential Learning Placements Requiring On The Job Travel

SUCCESS for Every Student

This form is for students who are required to travel as part of the Experiential Learning Placement

DATE

Student's Name		Workplace Name	
Student's Home School		Workplace Supervisor	
Use of personal information collected on this form is authorized under Section 21(a) of the Municipal Ereadom of Information			

Use of personal information collected on this form is authorized under Section 31(a) of the Municipal Freedom of Information and Protection Privacy Act and will be used for the purpose of conducting the experiential learning program outlined in the student's learning plan.

The workplace supervisor* named above is permitted to transport the above-named student to regular locations as may be necessary in the course of the experiential learning placement and as outlined in the student's learning plan.

Note: For situations where the worksite placement has a fleet of service/company vehicles used by several employees, it is acceptable to have the workplace supervisor attach a list of vehicles and drivers.

All "Workplace Supervisor Drivers" are advised that, in order to transport students in the course of conducting business during the experiential learning placement, they must:

- a) use a licenced automobile which carries valid third-party liability insurance as required under legislation in the Province of Ontario; and
- b) provide the Board prompt written notice, with all available particulars, of any accident arising out of the use of a licenced automobile during the transport of students on Experiential Learning placement business.

Note: A "Workplace Supervisor Driver" is defined as any person authorized by the Workplace who has agreed to be a driver for a certain aspect of the Workplace placement while they are driving their own or another licenced automobile.

Please Note:

- a) A "Workplace Supervisor Driver" must have a valid "G" licence or a licence valid for the class of vehicle being driven;
- b) Each passenger in the vehicle must wear a seat belt; and
- c) "Workplace Supervisor Drivers" must refrain from smoking and refrain from using a cell phone while transporting Experiential Learning students.

 This area must be completed and signed before the placement begins. Transportation as a condition must be indicated on the student's learning plan.

 Student's learning plan.

 Student's Signature
 Parent's Signature

 Employer's Signature

 Student's Name (printed)

 Parent's Name (printed)

 Teacher's Name (printed)

 Employer's Name (printed)

Driver's Declaration:

I declare that I am licenced to drive in Ontario and my vehicle is insured by valid automobile liability insurance as required by Ontario law.

I further declare that the vehicle is mechanically fit and that there are seat belts in working condition for all passengers.

Vehicle Information*

MAKE YEAR PLATE # Note – For situations where the worksite placement has a fleet of service/company vehicles used by several employees, it is acceptable to have the workplace supervisor attach a list of vehicles and drivers.

Driver's Licence Number	
Driver's Insurance Policy Number	Company
Driver's Signature	Date
Driver's Name (print)	Driver's Title
Vehicle Owner's Declaration (if the Driver is not the vehi	<u>cle owner):</u>
I declare that I have authorized <u>(print</u> to transport students participating in the experiential lear learning plan.	driver's name) to drive my vehicle tring workplace event(s) as outlined or referred to in the
The driver is licenced to carry passengers and is fully insrequired by Ontario legislation.	sured as a driver under the vehicle liability insurance as
I further assert that the vehicle is mechanically fit and that t	here are seat belts in working condition for all passengers.
Owner's Signature	Date
Owner's Name (print)	Owner's Title
Use of personal information collected on this form is authorized under Protection Privacy Act and will be used for the purpose of conducting learning plan.	

Copy 1: Teacher,	
Copy 2: Workplace	

APPENDIX N



Declaration by Workplace Supervisor of Vehicle Fitness and Insurance

Coverage

Experiential Learning Placements Requiring Student Use of Employer Vehicle

The Board discourages student operation of employer vehicles, but when required as a condition of employment will permit when the following declaration is completed and signed.

DATE

Student's Name	Workplace Name	
Student's Home School	Workplace Supervisor	

Use of personal information collected on this form is authorized under Section 31(a) of the Municipal Freedom of Information and Protection Privacy Act and will be used for the purpose of conducting the experiential learning program outlined in the student's learning plan.

The undersigned declares that student operation of the employer vehicle is a requirement of the placement as outlined in the student's learning plan. Each vehicle offered for the student to drive is appropriately licensed and insured, mechanically sound, and contains a working seatbelt for each passenger.

The undersigned parties further declares they have been apprised of the fact that coverage for liability (injury to others or damage to property of others) AND coverage for physical damage to the vehicle being driven by a student is NOT extended to students on work experience programs by the school board's insurance.

The undersigned parties agree to obtain and continue in force vehicle insurance to fully insure the driver under the vehicle liability, including third party liability insurance as required by Ontario legislation for the duration of the placement. The undersigned parties will ensure there are no age restrictions in this policy with respect to student operation of workplace vehicles for the duration of the placement.

The Workplace Supervisor will:

- a. ensure the student has a valid "G" licence or a licence valid for the class of vehicle being driven;
- b. advise the student to wear a seat belt and practice defensive driving habits; and
- c. advise the student that smoking and use of a cell phone while operating the employer's vehicle(s) is prohibited.

This area must be completed and signed before the placement begins. Operation of the Employer vehicle as a condition must be indicated on the student's learning plan			
Student's Signature	Parent's Signature	Teacher's Signature	Employer's Signature
Student's Name (printed)	Parent's Name (printed)	Teacher's Name (printed)	Employer's Name (printed)

Copy 1: Student/Parent, Copy 2: Teacher, Copy 3: Workplace

APPENDIX O



SUCCESS for Every Student

Work Education Placement During COVID-19 Pandemic Protocol and Inherent Risks

Student Name	
School Arranging Placement	
Employer Name	
Employer Address	
Term of Student Placement	
(Date-From/To)	
Board COVID-19 Awareness	
Training Completed (Date)	

Note: All Grand Erie District School Board experiential learning students must complete COVID-19 Infectious Awareness Training provided by their teacher before attending their placement for credit.

Background:

As a condition of the above noted Work Education Placement during the COVID-10 pandemic and in addition to the provisions of the Work Education Agreement and Work Education Consent form, the parties signing below agree as follows.

Self-Assessment by the Student:

Before each entry into the employer's facility, the student must conduct a self-assessment for COVID-19 and:

- 1. Be symptom free of respiratory illness.
- 2. Have not travelled outside of Canada within the last 14 days from the date of entry to the Employer's Facility.
- 3. Have not cared for or had any known contact with an individual with confirmed COVID-19 or COVID-19 like symptoms (fever, new cough, difficulty breathing).
- 4. A personal risk assessment should be considered if the student:
 - a) Is over the age of 70 and/or is immunocompromised or has underlying health conditions
 - b) Is responsible to provide care for elderly or immunocompromised people

If any of these conditions apply, then the student MUST NOT attend at the employer's facility and the recommendations of the public health authorities must be followed. Contact your Experiential Learning teacher and the employer to discuss other arrangements that may be made. If, at any time, the student informs their school supervisor and employer that they have been diagnosed or presumptively diagnosed with COVID-19, the employer must inform the Health and Safety Department. Public Health will determine if the site will be closed until approved to reopen.

Physical Distancing and Disinfecting:

- 1. The student should maintain a 2-metre distance from all persons in the employer's facility and not congregate in groups. The employer will ensure that the student's work area allows for the required physical distancing as per the employer's COVID protocol.
- 2. Any concerns specific to accessibility barriers should be made in advance of entry and documented on the learning plan. The student and employer will comply with all current provincial legislation in regard to safety during the COVID-19 pandemic.
- 3. The employer will ensure that sufficient hand sanitizer and hand soap is available on site.
- 4. The employer will ensure that disinfectant products or wipes are provided in the work areas to clean and disinfect shared equipment. The student will ensure shared equipment is disinfected before their use.
- 5. Students will enter and exit the building through an employer designated access point.
- 6. The employer will communicate any additional COVID-19 protocols it has in place to the student and the

File Location & Retention: Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

student agrees to follow the additional COVID-19 protocols. For example, the use of any PPE, masks, gloves etc.

- 7. A copy of the employer's COVID protocol will be provided for the experiential learning teacher if requested as per the Placement Assessment Checklist.
- 8. Student will use hand sanitizer or wash with soap and water immediately upon entering and just prior to exiting the employer's facility and avoid touching eyes, nose or mouth.
- 9. Upon arrival, the student will proceed directly to designated work area and avoid touching building fixtures (door handles, etc.) as much as possible.
- 10. Students are reminded to:
 - a) Wash your hands well and often with soap and water (don't forget to wash your wrists, under your nails and between your fingers).
 - b) Cough or sneeze into your sleeve or cover your mouth and nose with a tissue and throw the tissue out immediately. Wash your hands afterwards.
 - c) Avoid touching your eyes, nose and mouth with unwashed hands.
 - d) Follow any additional COVID-19 protocols set by the employer.
 - e) Report any unsafe work conditions to your teacher.

Acknowledgement of Inherent Risk:

The parties acknowledge that even with the above safety protocols and any additional employer COVID-19 related protocols in place there remains the risk that they or persons they come in contact with might contract the COVID-19 virus. Inherent risks include but are not limited to cough, fever, difficulty breathing, pneumonia and even death. The risk of contracting the virus can be reduced by carefully following protocols in place and following Provincial legislation. The parties are aware and accept the risks.

The Grand Erie District School Board does not provide accidental death, disability, dismemberment, or medical expense insurance on behalf of the students participating in this activity.

This area must be completed and signed before the placement begins. Transportation as a condition must be indicated on the learning plan.			
Student's Signature	Parent's Signature	Teacher's Signature	Employer's Signature
Student's Name (printed)	Parent's Name (printed)	Teacher's Name (printed)	Employer's Name (printed)

Copy 1: Student/Parent,
Copy 2: Teacher,
Copy 3: Workplace

APPENDIX P



Community Engagement Placement Roles and Responsibilities

STUDENT	SUPERVISOR	EXPERIENTIAL LEARNING TEACHER
PROGRAM IMPLEMENTATION		
 Work in a courteous, responsible manner and show appropriate initiative Observe and comply with the rules and regulations of the placement and the school Comply with school attendance policies in both the placement and classroom sessions Complete assignments as required Inform the placement supervisor and experiential learning teacher in advance if they are unable to report to their placements Complete and demonstrate learning goals as identified on the Student Community Engagement Placement Plan Work with teachers and supervisors to ensure that problems are dealt with immediately Ensure you have a Social Insurance Number before starting the placement or have applied for one Provide your own transportation to and from the work site unless other arrangements are made by the experiential learning teacher The student should seek clarification if they do not understand task requirements Adequate communication skills to work in community as required Follow instructions as described by the employer Demonstrate adequate personal hygiene as required by the employer Ensure placement tasks have been discussed with the teacher and documented in the Community Engagement Plan 	 Provide a safe placement and learning environment One supervisor is to be designated to be responsible for the supervision and evaluation of each student Provide challenging learning experiences that will encourage personal growth and develop school to community transition strengths Help students function as an integral part of a team Direct and guide students' learning through on-site supervision Acquaint students with company personnel and policies and procedures within the student's competencies in consultation with the student's teacher. Report student absences to the experiential learning teacher immediately Contact the experiential learning teacher when concerns arise Work with students and teachers to ensure that any problems are dealt with immediately Provide program effectiveness input Share their expertise with students and teachers Help students function as an integral part of a team 	 Provide a safe placement and learning environment Promote Community Engagement Placement opportunities and school-work transition programs to students, parents, staff, school councils, and potential employers Participate in the selection process for students that would benefit from a community-based learning program Assess placements for suitability Inform supervisors of their role and responsibilities prior to the start of the student placement Organize and conduct pre- placement orientation sessions to prepare students Consult regularly with students, supervisors, guardians and other teachers as necessary Help students arrange appropriate transportation to their placement Work with students and supervisors to ensure that any problems are dealt with immediately Follow the school board's placement procedures for all community-based learning programs Discuss and document the students' needs and abilities with the placement supervisor to ensure realistic expectations Consult with the student's supervisor in developing safety training procedures and document and demonstrate Assess whether placement supervision is appropriate Provide health and safety instruction and information on insurance coverage Follow Workplace Safety and Insurance Board and school board procedures for accident reports Ensure the student has a Social Insurance Number before placement begins for accident reporting purposes Notify placement if the student will be absent

File Location & Retention:

STUDENT	SUPERVISOR	EXPERIENTIAL LEARNING TEACHER
 HEALTH AND SAFETY Comply with all company rules pertaining to appropriate work attire, safety rules, work schedule, and health and safety policies Notify the experiential learning teacher promptly of safety concerns or problems that cannot be resolved by the placement supervisor Ensure you have a Health Card and coverage before starting work 	 Provide a safe working and learning environment Provide orientation and workplace health and safety training within the student's competencies Sign the Work Education Agreement for WSIB student coverage Be familiar with and follow accident reporting procedures Provide specific safety training if required based on the student's competencies Provide adequate and appropriate insurance for vehicles occupied by students while the student is 	 Follow the school board's placement procedures for all community-based learning programs Assess placements for suitability Assess whether placement supervision is appropriate Provide health and safety instruction and information on insurance coverage Follow Workplace Safety and Insurance Board and school board procedures for accident reports Ensure pre-placement learning safety orientation has been provided by the teacher based on the student's tasks at the placement
 STUDENT ASS Participate in the development and implementation of the Student Community Engagement Placement Plan Participate with your supervisor and teacher in performance review 	 involved in placement activities as per board policy ESSMENT AND EVALUATION Provide the teacher and student with written or oral feedback as part of the learning experience Help develop the student's Community Engagement Placement Plan in consultation with the student and teacher 	 Develop a Community Engagement Placement Plan for each student in collaboration with the school team and the supervisor Make regular on-site learning assessments of students at their placements as per the Student Community Engagement Placement
 Keep a Daily Activity Report as well as a record of your experience as required by the experiential learning teacher 	 Assist in developing a realistic and challenging learning experience for their students Become familiar with students' strengths and the areas that need improvement Jointly assess student progress with teachers and provide written performance appraisals 	 Plan Assess and evaluate student performance Update and adjust the Student Community Engagement Placement Plan as required to include added responsibilities and expectations Keep dated, anecdotal records on student placement learning
ACCIDENT REPORTING PROC	EDURES	•
 Report immediately to the supervisor and experiential learning teacher any personal injuries that happen during placement 	If student is unable, report accident immediately to the student's teacher	• In the event of an accident where a student requires medical attention by a professional, the supervising teacher must complete required forms and send by email to the executive assistant to the Superintendent of Business within 24 hours' notice of the accident as per HR 121.

The above responsibilities and liabilities have been explained to me and I accept these conditions. I hereby agree to participate in a Community Engagement Placement program of the Grand Erie District School Board.

Date	Student Name	Student Signature
Date	Parent Name	Parent Signature (for students under 18 years of age)
Date	Supervisor Name	

MUST BE SIGNED BY ALL PARTIES BEFORE PLACEMENT STARTS

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)



APPENDIX Q

Community Engagement Placement Learning Plan (non-credit)

SECTION 1: Student Inf	ormation
Student Name:	Date:
Student Email:	Student Phone:
K Course Codes:	
Emergency Contact Info	rmation
Emergency Contact Name:	Relationship:
Emergency Contact Email:	Emergency Phone:
Community Partner/Org	anization
,	Placement Supervisor:
Placement Information	
Task Description:	

The Community Engagement Placement Learning Plan is designed to identify the opportunities that the placement will provide, and the learning strategies that will be employed, to enable the student to refine, extend, apply and practice the individual goals documented in their Individual Education Plan (I.E.P.)

SECTION 2: ASSESSMENT AND EVALUATION

The community engagement placement student will experience ongoing assessment and evaluation. The results of the assessment and evaluation will reflect their achievement of the goals outlined in their I.E.P. and outlined in subsequent sections of this learning plan. A variety of strategies will be employed to gather evidence of their achievement. These strategies will include careful, critical observation, anecdotal records, journals, student/teacher/community engagement placement supervisor conferencing, assignments, an independent learning project (performance task) and a minimum of two performance appraisals. A variety of assessment/evaluation tools will be used to score the student's work including rubrics (achievement chart), checklists, and marking schemes. Evidence of student achievement will include input from several sources including the teacher, student and community engagement placement supervisor. A student's proficiency level will be based on the criteria described in the individual goals documented in their I.E.P.

/

SECTION 3: LEARNING STRATEGIES

These may include (but are not limited to):

Accommodations and Modifications

SECTION 4: COMMUNITY ENGAGEMENT PLACEMENT SUPERVISOR EXPECTATIONS

These expectations have been identified by the employer and are different from the Learning Skills and related course expectations.

SECTION 5: EXPECTATIONS AND PLACEMENT OPPORTUNITIES

Community Engagement Placements will be at the discretion of the school administration and the Special Education classroom teacher with an understanding that working independently and the ability to adhere to workplace safety is a requirement before being considered for a placement. This Community Engagement Placement Learning Plan contains the program goals of the I.E.P. that describe the knowledge and skills the student will extend and refine through application and practice at the workplace. The Community Engagement Placement Learning Plan also identifies the opportunities that the placement will provide to enable the student to apply and refine the required knowledge and skills as outlined in the program goals of the I.E.P. and to develop an understanding of current industry practices and standards. Students will be assessed and evaluated throughout their placement on their achievement of these goals.

The student will:

I.E.P. Goals	Opportunities at the Placement

The student will:

Related I.E.P. Goals	Opportunities at the Placement	
(Overall and specific Expectations)	Opportunities at the Placement (description of tasks to be performed at the placement)	

PLACEMENT COMPONENT PERFORMANCE APPRAISAL

LEVEL 1

- uses procedures, equipment and technology safely and correctly **only with** supervision
- applies ideas and skills in familiar contexts with **limited** effectiveness
- makes connections with **limited** effectiveness
- transfers concepts, skills to procedures to new context with **limited** effectiveness

LEVEL 2

- uses procedures, equipment and technology safely and correctly with some supervision
- applies ideas and skills in familiar contexts with moderate effectiveness
- makes connections with **moderate** effectiveness
- transfers concepts, skills to procedures to new context with moderate effectiveness

LEVEL 3

- uses procedures, equipment and technology safely and correctly
- applies ideas and skills in familiar contexts with **considerable** effectiveness
- makes connections with **considerable** effectiveness
- transfers concepts, skills to procedures to new context with **considerable** effectiveness

LEVEL 4

- demonstrates and promotes the safe and correct use of procedures, equipment and technology
- applies ideas and skills in familiar contexts with a high degree of effectiveness
- makes connections with a high degree of effectiveness
- transfers concepts, skills to procedures to new context with a high degree of effectiveness