

Co-operative Education (Co-op) courses require that placement sites be assessed for their educational value and health and safety considerations.

Student and Placement Contact Information

Student name: _____ Phone: _____

Teacher: _____ Phone: _____

School: _____ Phone: _____

School civic address: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Phone: _____ Email: _____

Emergency contact: _____

Phone: _____ Email: _____

Community host: _____

Placement supervisor: _____

Journeyperson Certificate of Qualification (CQ#): _____

Phone: _____ Email: _____

Placement civic address: _____

Placement Health and Safety Requirements

- | | | |
|---|--|---|
| <input type="checkbox"/> WHMIS | <input type="checkbox"/> dust mask | <input type="checkbox"/> MED/DVS training |
| <input type="checkbox"/> OHS | <input type="checkbox"/> hearing protection | <input type="checkbox"/> criminal record check |
| <input type="checkbox"/> first aid | <input type="checkbox"/> safety gloves | <input type="checkbox"/> Child Abuse Register |
| <input type="checkbox"/> safety boots | <input type="checkbox"/> special clothing | <input type="checkbox"/> other security clearance |
| <input type="checkbox"/> safety glasses | <input type="checkbox"/> protective immunization | <input type="checkbox"/> other: _____ |

Placement Training and Orientation

| Training and Orientation Checklist | | |
|---|------------------------------|-----------------------------|
| Community host will provide the following training | | |
| General workplace orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accident procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specific hazard training (see page 3) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use and care of personal protective equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Learning Environment | | |
| Observation and discussion with the community host shows that the student's work environment appears to be safe | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appropriate supervision and mentorship have been discussed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of technology, equipment, and facilities has been discussed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student will be transported as a passenger in an approved company vehicle. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wide range and scope of learning opportunities will be available | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Environment shows no signs of discrimination, violence, and expressions of hate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social media expectations of employer and student have been discussed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confidentiality has been discussed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Workplace expectations have been discussed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insurance | | |
| Community host requires verification of insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Learning Agreement | | |
| Signed by all parties | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Co-op Student Placement Log | | |
| Procedure has been reviewed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Learning Plan and Student Evaluation | | |
| Have been reviewed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placement Contact By Teacher | | |
| Requirements have been discussed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Identify any hazards, equipment, situations, or machinery that the student may be exposed to during the placement.

| Hazard, Equipment, Situation, or Machinery | | |
|--|------------------------------|-----------------------------|
| Working from heights | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working with or around chemicals, and/or biological or infectious agents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Regular or prolonged exposure to hot and/or cold conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Regular or prolonged exposure to excessive noise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Machinery with moving parts requiring guards and lock-out procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power tools | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional Placement Training and Safety Assessment

Additional training is required before student placement can begin: Yes No

Specify any required additional training:

Plans for completing the additional training:

Other comments:

Is the community host following public health protocols? Yes No

Community hosts will notify the co-op teacher and student if there is a suspected or confirmed case of COVID-19 at their workplace.

Note: Students cannot operate or drive any vehicles. Students are not permitted entry into confined spaces.

Information related to this can be obtained through the authorized school insurance provider.

Signatures

Placement Date: Placement is recommended to begin on (dd/mm/yyyy): _____

Community host: _____ Date: _____

Teacher: _____ Date: _____

Parent/Guardian: _____ Date: _____

Additional Co-operative Education Course Credits

In situations where the community host, student, and teacher have agreed that the student may earn an additional credit by continuing their learning, the following section must be completed.

- The community host and teacher have reviewed and confirmed there are no changes in the workplace that would require the completion of a new pre-placement assessment.
- The community host and teacher have reviewed and confirmed that additional learning at this workplace would benefit the student's career exploration.

Signatures

Community host: _____ Date: _____

Teacher: _____ Date: _____

Parent(s)/Guardian(s): _____ Date: _____