



Teacher Reference Form

Earl Haig S.S.

Cooperative Education Program



Name of Student: _____

Name of Teacher Supplying Reference: _____

Upon completion, please return this form to the designated Co-op Teacher, not the student.

The above student has applied to the Cooperative Education Program at Earl Haig S.S. Your input will assist in determining the eligibility of the student as well as locating an appropriate placement.

	Yes	No
1. Do you feel that this student is working to potential?	_____	_____
2. Will this student represent the school well?	_____	_____
3. Would this student benefit from a co-op experience?	_____	_____
4. Overall do you recommend this student?	_____	_____

Please rate this student in the following categories:

	Unsatisfactory	Satisfactory	Superior	Outstanding
Attendance	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Ability to function independently	_____	_____	_____	_____
Co-operative	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Ability to learn	_____	_____	_____	_____
Acceptance of criticism	_____	_____	_____	_____
Time management skills	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____
Written communication skills	_____	_____	_____	_____

☐ I would prefer to discuss this candidate in person

Please return this form to the mailbox of Mrs. Pupo or Ms. Scocchia as soon as possible.

Thank you!

Teacher Signature: _____ **Date:** _____