



## SMTHS Student-Parent Cooperative Education Agreement Forms



### STATEMENT OF UNDERSTANDING

#### I understand that:

- I will be interviewed by the Cooperative Education teacher and placement supervisor(s) to be considered for the placement.
- The Coop Education Program requires me to spend considerable time in the community. As a Co-op student, I will represent the school in a favourable manner.
- I must conform to all Policies and Procedures of the program with respect to the following:
  - attend regularly and punctually both in school and at the placement until the end of the scheduled period
  - report all absences promptly to supervisor and school at beginning of each workday and provide reason for the absence
  - make up the required hours missed at the placement
  - complete all required assignments, both in-school and at the placement
  - abide by the Policies and Procedures of my placement
  - maintain strict confidentiality regarding placement matters
  - hours worked outside of the contracted time must be submitted in advance to the Coop teacher and employer
- Most of the tasks that I will be performing as part of my Co-op placement are related to the expectations in my related course.
- I should not expect to be paid for my Co-op hours.
- Any adjustment to Co-op hours to accommodate extra-curricular activities and part-time employment must be cooperatively arranged.
- I am responsible for transportation to and from the placement. It is the recommendation of the Ottawa Catholic School Board that I use public transit and that if I choose to drive a vehicle to my placement, I must be covered by my own insurance. Appropriate Board forms must be completed if driving or riding in a private vehicle. I must declare to the Co-op teacher any medical condition that may affect my Co-op placement.
- I may be required to have a medical examination and/or provide medical information to meet placement requirements.
- Immunization is **required for some placements and that I am responsible for this at my own expense.**

- ❑ Some placements require a security check, character check, credit check, or other pre-placement screening and that I may be responsible for this at my own expense.
- ❑ Certain placements may require additional specialized application forms and subsequent interviews prior to acceptance.
- ❑ I may have to wear prescribed clothing for my placement (e.g., safety equipment, business attire, nursing smock, lab coat).
- ❑ I must have the Work Education Agreement (Workplace Safety and Insurance Board) signed by all parties before beginning work at the placement. It is my responsibility to obtain approval and signatures of all parties before making any changes to hours.
- ❑ I must observe all health and safety regulations at the placement and contact the placement supervisor and the school the same day in case of accident, even if it does not require medical attention.
- ❑ It is strongly recommended that I purchase Student Accident Insurance.
- ❑ My Co-op teacher needs to provide relevant information about me to a prospective supervisor for placement purposes. (IEP with approval.)
- ❑ Theft or vandalism is grounds for termination of my Co-op placement and/or removal from the Co-op program with loss of credits and possible further action under the law.
- ❑ I must provide my Co-op teacher with updated information should there be any change in the data provided by me while I am enrolled in Co-op (e.g., change of address, phone, emergency contact information, medical information, mode of transportation).
- ❑ I can be removed from the Co-op Program with loss of credits if I am unable to meet program requirements either in school or at the placement. If I drop my related in school course, I must also drop my Co-op course.

I _____ <b>Print Name (Student)</b>	
have read the <b>Cooperative Education Statement of Understanding</b> and agree to its terms as indicated by my signature below:	
_____ Student Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date

## COOPERATIVE EDUCATION CONTRACT BETWEEN

St. Mother Teresa High School and \_\_\_\_\_  
(Student)

Upon being admitted into the Cooperative Education program, I agree to the following conditions:

1. I will attend all scheduled classes and submit all required assignments.
2. I will report to my assigned work place punctually every day from \_\_\_\_\_ to \_\_\_\_\_.
3. I will observe the rules and regulations of the training organization.
4. I will notify BOTH my supervisor AND my teacher-monitor by telephone the *morning* of any day when I will not be able to report to work.
5. I will maintain a log sheet of daily assignments and turn the log sheet in to my teacher-monitor each week.
6. I will notify my teacher-monitor of any on-the-job problems.
7. I will endeavor to learn as much as possible while at my assigned work place.
8. I will, at all times, act in accordance with the Code of Student Behaviour for my school, being aware that I am representing it at the training organization.

## **Code of Student Behaviour**

**Absences:** Parents are asked to telephone the school 613-823-1663 between 8:00 and 8:30 a.m. to communicate any absence or lates. Daily and punctual attendance is an important aspect of academic success. Students are to “SIGN IN” or “SIGN OUT” when arriving or leaving the school during school hours; in either case a note from a parent/guardian must be presented to the attendance secretary in the main office.

**Truancy:** Students must attend all classes on their timetables. When a student is absent without permission from any class an office detention will be assigned for each class missed. Chronic truancy may lead to suspension from school.

I recognize that failure to comply with the above may result in a request from the school that I withdraw from the program.

**SIGNATURE OF STUDENT**

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**SIGNATURE OF PARENT/GUARDIAN**

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I have read the 'Information for Parents' package accompanying this contract and agree to my son's/daughter's participation in this program.

**SIGNATURE OF TEACHER-MONITOR**

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**COOPERATIVE EDUCATION  
CONFIDENTIALITY STATEMENT**

I, the undersigned, promise to hold in confidence all matters that come to my attention as a Cooperative Education Student at

\_\_\_\_\_

Name of Training Organization

This includes:

- material from and about clients
- matters regarding colleagues
- confidential information regarding the organization.

As well, I will respect the privacy of people with whom I serve and confer appropriately with my supervisors.

I understand that I am required to act in a responsible manner with regard to any information gained during my educational experience throughout my Cooperative education placement.

I further understand that a breach of confidentiality on my part will seriously compromise my standing as a student in this program.

**Signed:** \_\_\_\_\_  
Student's Signature

**Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Signature of Co-op Advisor:** \_\_\_\_\_

**Signature of Training Supervisor:** \_\_\_\_\_

**COOPERATIVE EDUCATION  
STUDENT INSURANCE INFORMATION**

Dear Parent/Guardian:

Students registered in the Cooperative Education Program at Mother Teresa High School are covered by the following insurance:

- your family's Ontario Health Insurance Plan
- Workers' Compensation Board coverage for injury while at the training station. The Ministry of Education provides this to students who are not being paid. This does not apply if the student is placed in a school supervised by a qualified teacher.

**Employer's Property** is covered by:

Ottawa Catholic School Board liability insurance against accidental damage caused by a student.

- Parents/Guardians are encouraged to purchase additional accident insurance on an individual basis. Student Accident Insurance forms are available through the homeroom teacher and/or the Co-op office.

Your signature below indicates your awareness of this policy.

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Parent/Guardian

**COOPERATIVE EDUCATION  
TRANSPORTATION POLICY**

Dear Parent/Guardian:

- The regular school board transportation policy will apply to all students registered in the Mother Teresa High School Cooperative Education Program. Your son/daughter is not entitled to an O.C. Transpo bus pass, students are responsible for the cost of transportation.
- Your son/daughter may use a parent-owned or student-owned vehicle for transportation if you grant prior approval. There is no school board insurance extended to these vehicles or drivers.
- Students at Mother Teresa High School are not permitted to drive company owned vehicles.
- Your son/daughter must not transport other students unless you, the Co-op teacher, and the parent or guardian of the other student has granted prior approval.

Your signature indicates your awareness of this policy.

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Parent/Guardian

Please check X method of transportation

O.C. Transpo \_\_\_\_\_

Private vehicle \_\_\_\_\_

Bus/car on occasion \_\_\_\_\_

Other ( Please specify) \_\_\_\_\_

## Memorandum of Agreement Driving a Personal Vehicle

**Dear Parent/Guardian:**

Please be aware of the following information:

- No school board liability coverage is available for a student driving a personal vehicle to and from the work site.

If you wish that your child drive a family/personally owned vehicle to and from the work placement, please note the following:

- The student must have a valid driver's license.
- The student must have appropriate insurance coverage.
- The student must not transport other students.
- The student is responsible for parking fees.

Your signature indicates permission for \_\_\_\_\_ to use his/her automobile as transportation to and from the work place and free the Ottawa Catholic School Board of any liability.

\_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Student

Date \_\_\_\_\_

\_\_\_\_\_  
Co-op Teacher/Monitor

Date \_\_\_\_\_