

## Student Cooperative Education Learning Plan

Hand in to Teacher at Preplacement to keep in your file

Student name:		Placement name:
Student cell number:		Placement supervisor:
Coop position:		Supervisors phone number:
Credits working towards:	Hours Required:	Specialized program: (SHSM, OYAP)
Placement Dates:		Related course:
IEP Accommodation required:		

Part 1 Goals: What would you like to accomplish or learn during your Co-op placement?

1.
2.
3.
4.

List 3 Employer Expectations of the Student:

1.
2.
3.

Signatures:

_____ Placement Supervisor	_____ Date
_____ Student	_____ Date
_____ Parent	_____ Date
_____ Teacher	_____ Date

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Due to teacher on : \_\_\_\_\_

Part 2 Goals: List current job tasks, duties and responsibilities and check the columns which applies to that task.

Tasks	Observed	Performed With Help	Performed Alone
1.			
2.			
3.			
4.			
5.			

Part 3 Goals: With the help of your coop supervisor, identify 5 skills a student is now ready to undertake. (You may relate to the employer evaluation)

Tasks	Observed	Performed With Help	Performed Alone
1.			
2.			
3.			
4.			
5.			

Reflect on the success or difficulty of 3 goals listed above.

1.
2.
3.