

## **TEACHER REFERENCES** CONFIDENTIAL

The following student has applied for a cooperative education placement at the Health Sciences North/Horizon

Santé- Nord. Your comment	s will assist us in the evaluation	on of this	s application.						
Student Name :			School Name:						
Co-op Teacher:			Reference provided by:						
						•	•		
Please circle the number tha the program.	t best describes the qualities a	and abili	ities of the student wa	nting to p	artic	cipate	e in		
1 2			3	4					
Needs improvement	Satisfactory		Very Good		Excellent				
recus improvement	Satisfactory		7 Cl y Good			Excenent			
1. Level of maturity					1	2	3	4	
Student is able to demonstrate professionalism, tact, and respect.						_		_	
2. Reliability Student is numerical committed to his angagements, follows directives					1	2	3	4	
Student is punctual, committed to his engagements, follows directives.  3. Class attendance									
Student is present during class time and arrives on time.					1	2	3	4	
4. Leadership					1	_	,	4	
Student shows interest, seeks insight, shows initiative qualities					1	2	3	4	
5. Ability to learn						_			
Student is self-motivated and seeks learning opportunities. Able to accept criticism in a positive way. Asks questions.					1	2	3	4	
6. Organization and problem-solving skills									
How resourceful is the student? Student establishes priorities, completes tasks in a timely					1	2	3	4	
fashion.									
7. Able to conform to policies and procedures of the school  Does the student follow the rules and procedures at school?					1	2	3	4	
8. Appearance									
Student practises good hygiene and conforms to dress code					1	2	3	4	
9. Inter-personal and social skills					1	_	2	4	
Student works well in a team environment, has good interpersonal skills, able to collaborate					1	2	3	4	
10. Communication					1	2	3	4	
Speaks clearly and coherently. Demonstrates body language that is professional and respectful.					-			•	
Comments:									
Comments.									
<u> </u>									
Please complete this form	and remit to:								
Trease complete this form		(Ca	o-op Education Progra	ım Teach	er)				
Before this date:		,	Į.						