



## Procedures for Experiential Learning Programs

**Board Received:** November 28, 2016

**Review Date:** December 2020

### Accountability:

1. Frequency of Reports As Needed
2. Criteria for Success Program enhances curriculum.  
Maintains Positive community / relationships.

### Procedures

#### 1. Program Administration

Central co-ordination of the overall Cooperative Education program shall ensure consistency in dealing with employers and the community. Each school will be invited to select a Cooperative Education teacher to represent the school in matters pertaining to Cooperative Education programs.

a) Access: Every effort shall be made to ensure that no student is denied access to a Cooperative Education program on the basis of personal financial constraint.

b) School Board Representative:

The representative for Business Services for the Grand Erie Board is the Superintendent of Business and Treasurer. Where indicated, business forms should be forwarded to the Office of the Superintendent of Business.

c) The Board encourages ongoing efforts to promote dialogue with other agencies involved in Cooperative Education (e.g. Fanshawe and Mohawk colleges, Laurier University, Brant Haldimand-Norfolk Catholic District School Board, W. Ross Macdonald School).

d) Open and ongoing communication between schools and between each school and its Co-operative Education employers is encouraged. Communication shall include sharing of placements within the system.

e) To encourage information sharing and feedback with employers, schools will invite employers to participate in program evaluations, workshops and sharing sessions.

f) Ministry Data Collection:

The Ministry of Education requires the following data from school boards annually:

- i) The total number of hours, during the school year, for which the Ministry has supplied Workplace Insurance coverage. This amount is to be compiled from the cumulative totals on students' log sheets. It is important that the hours reported are the actual hours during which a student was at a training placement.
- ii) The total number of hours, during the school year, for which training organizations have supplied Workplace Insurance coverage.
- iii) The names of the students for whom reports were filed with the Workplace Safety Insurance Board, the dates of injury, and the assigned claim numbers.
- iv) A request for this information will be sent to school boards in January and June of each year. This information is to be recorded on Appendix B and sent to the office of the

Superintendent of Business at the end of each semester and following the conclusion of summer placements.

## 2. Program Implementation

Where system plans, resource documents and manuals, and/or forms are approved, all schools are expected to use them.

a) The Cooperative Education course consists of a classroom component and a placement component, which is described in detail in sections 2.3 and 2.4 of Cooperative Education and Other Forms of Experiential Learning, MOE, 2000.

b) Each student will receive:

- i) Pre-course Counselling and Interviewing
- ii) Classroom Component which includes pre-placement orientation, workplace preparation, health and safety
- iii) Placement Component
- iv) Personalized Placement Learning Plan (Appendix E)

c) Placement Assessment (Appendix D)

The Cooperative Education teacher must conduct an assessment of each placement, including placements at businesses or institutions owned and operated by students' families, taking into consideration the following:

- i) the employer's and supervisor's positive attitude and commitment to the provision of experiential learning opportunities
- ii) the opportunity for each student to work in a one-on-one relationship with a supervisor
- iii) the range and scope of the learning opportunities and experiences available
- iv) the technology, equipment, and facilities provided at the placement
- v) the health and safety conditions of the workplace
- vi) the business's employment policies
- vii) the provision of an environment that is free from discrimination, violence and expressions of hate
- viii) the ability to provide any necessary accommodations for students with special needs.
- ix) When a placement that has already been assessed is under consideration once again for a subsequent student, the cooperative education teacher must reassess it to ensure that it continues to meet the criteria listed above.
- x) Placements involving any of the following activities are not acceptable:
  - working in the student's home school, except under special circumstances (see section 2.4.1.2 of Cooperative Education and Other Forms of Experiential Learning, MOE 2000)
  - working in the school store
  - participating in dramatic presentations in the home school
  - serving on the student council
  - working at part-time jobs
  - participating in Junior Achievement projects
  - playing on a school or community athletic team
  - working on the school yearbook
  - replacing paid employees
  - completing the community involvement requirement for the OSSD (see OSS, section 3.1.3)

- d) It is expected that the vast majority of students will have one work placement per Cooperative Education experience. In cases where a student is placed in more than one work placement, such placements should be complementary in nature and the student should spend enough hours in each placement to ensure a valuable learning experience which meets expectations set by the Ministry. The credit(s) granted shall reflect the actual learning experiences gained by the student, as per 3.2 p.29-30, "The Awarding of Credits", Cooperative Education and Other Forms of Experiential Learning, MOE, 2000.
- e) Students whose placements are interrupted by reason of collective actions in a unionized work environment, will be placed in their home school for the duration of the work stoppage, unless the length of time they are out of the placement jeopardizes the student's placement hours and/or credits at which point an alternate placement or activity will be found to meet the expectations of the related course and cooperative education expectations.

### 3. Health and Safety

- a) Each secondary school shall develop a written procedure to resolve safety and/or health hazards at the work placement, to include:
- i) provision that the School Administrator be informed immediately of any concerns related to health and/or safety hazards;
  - ii) direction that the School Administrator will remove the student from the workplace until the concern is resolved
  - iii) assurance that all students in Cooperative Education programs and other forms of experiential learning offered by the Board receive appropriate training as outlined in section 2.3.1.2 Health and Safety of Cooperative Education and Other Forms of Experiential Learning, MOE, 2000, prior to starting their work placement.

#### b) Procedures for Reporting Student Injuries:

##### i) Student

The student must report the injury to his/her workplace employer and Cooperative Education teacher immediately. In emergency cases, where the student has been transported by ambulance to the hospital, then the student's workplace supervisor must contact the Cooperative Education teacher immediately.

##### ii) Cooperative Education Teacher

The teacher must complete the following forms and fax them to the Superintendent of Business within 24 hours' notice of the accident:

- Form 7 - WSIB - Employer's Report of Injury/Disease (Appendix H)
- Copy of student's Work Education Agreement contract (Appendix C)
- If the student does not require medical attention, please refer to section 3 C Reportable Injuries.
- Coverage Provided Under the Workplace Safety and Insurance Act, 1997, see Section 4

### 4. WSIB

Before a student is placed with an employer, the Cooperative Education teacher should determine whether the student will be covered by the employer.

#### i) Obtaining WSIB Coverage

To ensure Workplace Insurance coverage, a Work Education Agreement must be completed and signed by the parties concerned before the student begins the placement at the training station. Forms are required for each student in a Cooperative Education, SAL, or work experience.

The student's signature must appear, indicating consent to the conditions of coverage in the agreement. The consent of a parent or guardian is also required if a student is less than eighteen years of age. (This requirement is still valid despite the fact that the Municipal Freedom of Information and Protection of Privacy Act gives students who are sixteen years old the right to protection of their personal information.)

Forms are to be completed signed and once returned, information is to be uploaded to Cardinal by the teacher and filed at the school.

#### ii) Job Shadowing or Job-twinning

A Work Education Agreement form must also be completed for students who are participating for more than one day in job shadowing or “job twinning”, in which they are involved in hands-on work, provided that they are at least fourteen years of age.

Coverage is not provided for students under fourteen years of age. Job-shadowing or job-twinning experiences lasting one day should be treated as field trips and all necessary forms that apply to SO15 Out of Classroom Trips and Excursions should be completed for students involved in these experiences.

#### iii) Conditions of WSIB Coverage

- (a) Students are covered under the Workplace Safety and Insurance Act during the time they are performing the duties of a trainee at the training station under the supervision of a training supervisor.
- (b) Students are covered when their training station is located on Board property, and when they are supervised by non-teaching staff members (i.e. building custodians, maintenance supervisors, ~~A.V. technicians~~, purchasing or accounting officers).
- (c) Students are not covered when working as teacher assistants/aids in a classroom or shop in a school.
- (d) Students are covered when assigned to placements that do not have compulsory Workplace Insurance coverage (e.g., banks) since they are considered to be employees of the Ministry of Education.
- (e) The employer is to assume the responsibility for providing coverage under the Workplace Safety and Insurance Act for students in specialized programs where wages are earned. (Turning Point/SAL/OYAP Military)
- (f) Students enrolled in international Cooperative Education programs are covered under the Workplace Safety and Insurance Act for up to six months while at their work placement in the host country. If the placement continues beyond the six months, a written request for extension of coverage must be sent to the Ministry of Education prior to the end of the initial six-month period.
- (g) Students are not covered when traveling to and from the training station.

#### a) Benefits

For the purpose of Workplace Insurance coverage, students are deemed to be employees of the Ministry of Education, although they do not receive wages. For the purpose of calculating

Workplace Insurance benefits, the deemed rate of pay for an injured student is the general hourly rate according to current minimum-wage legislation.

If a student has an accident during unpaid Cooperative Education hours that results in loss of time from a part-time job not connected with the Cooperative Education program, and if the accident results in loss of wages from that job, the student is entitled to compensation for the hours missed at that part-time job. Details regarding the number of hours worked weekly and pay rate must be provided to the Workplace Safety Insurance Board on Form 7 (attached as Appendix H)

#### b) Reporting Procedures and Claims

##### Social Insurance Numbers

Note: Since accident reporting procedures require students' social insurance numbers (SIN), it is recommended that all students involved in cooperative education or work experience have a social insurance number before beginning the placement, but in the event they do not, they may be permitted to start their placement as long as the SIN application has begun and is in process. (Cooperative Education and Other Forms of Experiential Learning, p.18,2.3.1.3, MOE, 2000)

In the event of injury to a student who does not have a SIN, benefits will not be withheld, but the WSIB adjudicator will work with the student to obtain it.

##### Reportable Injuries

Any injury to a student in a work education program, however minor, must be reported by the student to the employer and to the appropriate teacher with full details, including when, where and how the injury occurred. Accidents that don't require seeking medical attention do not have to be reported to the Workplace Safety Insurance Board, but a record of the details must be submitted in an Incident Report. If medical treatment by a doctor, dentist, hospital, or other treatment agency is required, or if an accident results in loss of time from the program, a completed FORM 7 must be sent by the Superintendent of Business for submission to the to the Workplace Safety Insurance Board and Ministry of Education.

##### Submission of Report

In the case of an accident, the Employers' Report of Injury/Disease (WSIB Form 7) must be submitted to the WSIB and to the Ministry of Education, by the Superintendent of Business within seven (7) business days of the employer learning of the accident. (Business days are Monday to Friday, and do not include statutory holidays.) Access to WSIB Form 7 is available through the Cardinal software program.

Co-operative Education teacher/monitor must ensure that the name and address of the training organization, as well as the name and telephone number of the training supervisor, must be completed on the Form 7. The Ministry of Education must be identified as the employer and the Firm Number 250379-FJ must be entered as the firm.

Incomplete reports may be filed to comply with the time frames, if all pertinent information is not readily available. However, a completed report must follow as soon as all details have been gathered. Students must receive a copy of the accident report that is provided to the WSIB (including any additional information provided by the employer).

##### Fines for Failure to Comply-

The WSIB may levy four separate \$250 penalties -- one each for

- late reporting
- incomplete reporting,
- not reporting on a pre-approved version of the form, and
- failing to provide a copy of the Form 7 to the worker.

#### 5. Insurance

The Grand Erie District School Board has liability insurance coverage through the Ontario School Boards' Insurance Exchange (OSBIE). The following are excerpts from an OSBIE bulletin which provides an overview of the insurance coverages that are applicable in a Cooperative Education program - for the student, the employer, the board and board employees."

##### a) Liability Insurance - Who is insured?

The Board's Liability Insurance protects students and employers while students are engaged in a specified cooperative education, work experience or job shadowing program. If they are sued for an alleged negligence arising out of the student's involvement in the work experience program, they are protected.

Coverage is not extended to situations when an employer involves a student in work or activities outside of the program, e.g., an employer has hired a Cooperative Education student to work after hours. As this activity is not part of the Cooperative Education program, there is no coverage through the school board's liability insurance.

##### b) Student Accident Insurance

The Board does not provide insurance for students who are injured accidentally while on the job. Students who have or whose parents have purchased student accident insurance through plans approved by the Board may be able to make a claim under the policy provided they have purchased the option which includes coverage for accidental injury while on a work experience project. Student Accident Insurance is valuable coverage, and should be actively promoted by school boards. Student Accident insurers usually extend the Limited Plan coverage to students who are on work experience projects, even if the student has not voluntarily purchased the insurance. The Grand Erie Board currently makes Student Accident insurance packages available through the Reliable Life Insurance Company in Hamilton.

Students participating in work education programs may purchase the student accident insurance (the Platinum Plan option is recommended) by obtaining an application package from the school office, the Board Office or directly from Reliable Life by calling 800-463-5437 or at [www.insuremykids.com](http://www.insuremykids.com)

##### c) Non-Owned Automobile Coverage

Definition: a vehicle which is not owned by the school board, the employer, the student or a member of the student's household

##### i) Working on a Non-Owned Automobile

Students will be protected for accidental and negligent damage, but not for intentional damage they cause to a non-owned vehicle while working on it in a work experience program. Students and parents/guardians may be required to contribute wholly or partly to the insurance deductible, which is currently \$250.00 (and may be subject to change). See Restitution Form Letter, Appendix G

- ii) Driving a Non-Owned Automobile
  - (a) Liability Insurance

The Grand Erie District School Board strongly recommends that students not be permitted to drive. However, in cases where it is a requirement for the placement the following information must be understood:

The non-owned automobile insurance policy does not extend to protect co-op students or their employers from liability claims for injury to others or damage to property of others where co-op students are driving an employer's vehicle or a vehicle belonging to a customer of an employer. The co-op student would be driving a vehicle on the business of the employer, not the school board. Students who drive vehicles of employers or of customers of their employers while on co-op assignment do so at the employer's risk for physical damage to the vehicle and for third party liability (student damages other's property or injures a person while operating an employer's vehicle).

- (b) Accident Insurance

Students who are injured as a result of driving an employer's vehicle would be entitled to benefits provided under the Workplace Safety and Insurance Act.

In the event, WSIB is not available, accident benefits would be provided by the auto insurance policy of the student or the student's parent/guardian (if the student is listed as a dependent). If WSIB is not available and neither the student nor the parent / guardian has an auto policy, the benefits of the employers' auto policy would be accessed.

The Cooperative Education teacher and employer should clearly understand the liability and accident benefits for students operating non-owned vehicles and ensure the employer is aware the student is insured under the automobile owner's liability policy when operating such vehicles during the work experience placement.

- d) Damage to Property of Employers

The Board's Liability Policy extends coverage to students who damage property in their care, custody and control while involved in a work experience project. Students and parents/guardians may be required to contribute wholly or partly to the deductible, which is currently \$100.00 (and may be subject to change). See Restitution Form Letter, Appendix G

It should be noted that there is no coverage for intentional damage or damage resulting from the dishonesty of students or from errors and omissions.

## 6. Risk Management

- a) OSBIE

- i) The cooperative education or work experience program must be clearly described before placement is made.
  - ii) Employers are responsible for supervising and training students, both for the protection of the students, and for the protection of the employer.
  - iii) Students should be instructed by the teacher and the employer on health and safety issues. The use of protective equipment and safety regulations must be stressed. Occupational Health & Safety Regulations must be addressed and followed.
  - iv) Students on Cooperative Education or other job assignments should not be allowed to drive vehicles.

- v) Employers should be informed that if they allow students to drive their vehicles, any resulting damage to vehicles must be covered by the vehicle owner's or employer's automobile insurance.
- vi) However, we strongly recommend that students not be permitted to drive vehicles of any kind on co-op placements. This includes forklifts, ATVs, golf carts, snowmobiles, ride-on lawn equipment, etc. as well as vehicles licensed for the road.
- vii) Grand Erie DSB Advisories are available on the Staff Portal – Experiential Learning and are accessible by all teachers and principals.

b) High Risk Placements:

i) Exposure to Infectious Diseases

Exposure to Infectious Diseases

Certain Co-op placements put students in areas where they may be exposed to infectious diseases. Such areas include hospitals, laboratories, dental offices, ambulance services, veterinarian offices, day-care centres, and nursing homes. Placements are not consistent in their requirements for vaccinations. The Cooperative Education teacher is advised to investigate the need for vaccinations or tests in each circumstance. If it is determined that a risk exists, vaccination or testing of the student must be a condition of accepting the placement. Further, if there are other safety concerns specific to the placement, the Board should decide if any additional pre-placement action is required.

ii) Emergency Services Placements

Co-operative education placements with emergency services, i.e., police, ambulance or firefighting crews involving observation in emergency vehicles and possible attendance at emergency situations present higher risks for students. While students may benefit from participating in certain situations, they are not to be permitted to travel in emergency vehicles.

iii) Placements Requiring Specialized Training

Specialized training will be required for placements involving roofing, confined spaces, farming with machine operations, equestrian or livestock placements.

7. Student Assessment and Evaluation:

a) Personalized Placement Learning Plans (PPLP):

The personalized placement learning plan outlines the course of study for the placement component and the basis for assessment and evaluation and for the granting of one or more credits in the specific subject. Cooperative Education and Work Experience students must have Personalized Placement Learning Plans that identify the overall and specific curriculum expectations of the related course that describes the knowledge and skills the student will apply and further develop at the placement, as well as the employer's expectations and the expectations of the classroom component of the course that apply to the placement.

When a student is earning cooperative education credits related to more than one course, the Personalized Placement Learning Plan must include the learning expectations that relate to each course. The learning plan must be developed within the first three weeks of the placement. Please refer to Appendix E for a copy of the PPLP form.

A provincial OYAP student card is now available and students must keep this card (duly completed) on their person at all times when at the placement site, especially in the case of the restricted trades. Students should be prepared to show this card to a Ministry of Labour inspector who has the right to request proof the student is abiding by the trade regulations.



**Ontario Youth Apprenticeship Program  
(OYAP)  
PLACEMENT CARD**

Student Name: \_\_\_\_\_  
Trade: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Contact: \_\_\_\_\_  
School Board: \_\_\_\_\_  
School: \_\_\_\_\_  
Co-op Teacher: \_\_\_\_\_  
School Tel: \_\_\_\_\_  
Hours of Placement: \_\_\_\_\_ Expiry: \_\_\_\_\_  
Teacher Signature: \_\_\_\_\_



**Apprenticeship Certification Act  
Ontario Regulation 566/99**

In accordance with the Apprenticeship and Certification Act, Regulation 566/99 Exemptions, subsection 6.2(a)(b), the participant is permitted to work in the identified trade only during the supervised work placement of the Ontario Youth Apprenticeship Program.

#### b) Awarding of Credits

Please refer to page 30, section 3.2.2 of the Cooperative Education and Other Forms of Experiential Learning, MOE, 2000

In regard to the awarding of credits when a student is taking a cooperative education course concurrently with a related course, and successfully completes the cooperative education course but is unsuccessful in the related course, he or she may be awarded cooperative education credit(s) as determined by the principal.

#### Cooperative Education Credits Earned Per Semester

The maximum number of credits that can be earned during a semester must be outlined in the Personalized Placement Learning Plan within the first three (3) weeks of placement. Seven (7) hours of integration must be completed for each cooperative education credit and student learning at the placement must be assessed and documented by a qualified teacher a minimum of three (3) times per 110 hours of a cooperative education course. At least two (2) of the three assessments must be made through direct personal contact.

### 8. Forms

#### a) Cooperative Education/Work Experience Roles & Responsibilities Contract (Appendix A)

This form highlights the responsibilities on the part of the student, the training station and the school. Cooperative Education teachers must ensure that the training station supervisor is well aware of the information on this form, particularly in cases where a student will be required to drive an employer's vehicle as part of his/her placement. This form must be signed before the student starts at the placement.

#### b) Report of Training Station Hours (Appendix B)

This form is used to collect data for an annual report by school boards to the Ministry of Education. Completed forms must be signed by the Principal and submitted to the Assistant to the Superintendent of Business no later than one week following the completion of each semester including summer placements.

#### c) Work Education Agreement (Form 631970) (Appendix C)

This is the official contract that must be completed for each student prior to him/her starting their work placement. The form must be completed, signed and filed at the school. Information is to be uploaded to Cardinal.

The Agreement must be signed by:

- i) the student,
- ii) the student's parent/guardian if student is under 18,
- iii) the training supervisor,
- iv) the Cooperative Education teacher.

In some cases, there will be spontaneous opportunities (i.e. trade shows, banquets) for a Cooperative Education student to work beyond the normal placement hours that have been indicated on their Agreement.

The following excerpt can be added to Section B #2 of the student's Agreement to cover him/her for the extra hours: "normal working hours - (state hours) and for exceptional circumstances as they may arise".

However, if a workplace is intending to pay a student for the extra hours, this goes beyond the mandate of the Workplace Education Agreement. Also, keep in mind, that there are three

adult signatures on the Work Agreement and that one adult must be in attendance during these extra hours.

Student placement hours are NOT to be loaded at the top of the placement. Situations exist where a student's placement, e.g., a construction site, may be more beneficial when a full day is spent on the job rather than performing the duties in three hour segments. For these situations the student should work alternate full days. The hours should be spread across the placement period to provide a more gradual and grounded learning experience and to permit the student to obtain part-time employment, to have a social life or to explore other avenues of interest. Employers who wish to engage students beyond the requirements of the program should offer the student paid employment and take over the WSIB premiums for those periods. The work experience program is extremely valuable and should never be regarded as "free labour" for the employers willing to take students in placements.

d) Roles and Responsibilities of all who are involved. Appendix F

e) WSIB (Workplace Safety & Insurance Board) Form 7. Completed copy of the Form 7 to be provided to the student. (Appendix H)

f) Treatment Memorandum (Form 156C) (Appendix I)

To be completed by the physician and forwarded to WSIB. Physicians and clinics will have these forms in stock; larger facilities, such as hospitals will have an electronic version of this form available.

## Cooperative Education and Work Experience Roles and Responsibilities

### Grand Erie District School Board

STUDENT	EMPLOYER/SUPERVISOR	COOPERATIVE EDUCATION TEACHER
<b>PROGRAM IMPLEMENTATION</b>		
<ul style="list-style-type: none"> <li>• Work in courteous, responsible, and business-like manner and show appropriate initiative</li> <li>• Observe and comply with the rules and regulations of the placement and the school, including confidentiality requirements</li> <li>• Comply with school attendance policies in both the placement and classroom sessions</li> <li>• Submit assignments as required</li> <li>• Inform the placement supervisor and cooperative education teacher in advance if they are unable to report to their placements</li> <li>• Complete their course requirements to obtain credits towards the Ontario Secondary School Diploma</li> <li>• Work with teachers and supervisors to ensure that problems are dealt with immediately</li> <li>• Ensure you have a Social Insurance Number before starting the placement or have applied for one</li> <li>• Provide your own transportation to and from the work site unless other arrangements are made by coop teacher</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a safe working and learning environment</li> <li>• Designate one employee to be responsible for supervising and evaluation each student</li> <li>• Provide challenging learning experiences that will encourage personal growth and develop career goals</li> <li>• Help students function as an integral part of a team</li> <li>• Direct and guide students' learning through on-site supervision</li> <li>• Acquaint students with company personnel and procedures</li> <li>• Report student absences to the cooperative education teacher immediately</li> <li>• Contact the cooperative education teacher when concerns arise</li> <li>• Work with students and teachers to ensure that any problems are dealt with immediately</li> <li>• Review and sign the daily logs at the end of each week</li> <li>• Complete program effectiveness survey <i>upon request</i></li> <li>• Share their expertise with students</li> <li>• Help students function as an integral part of a team</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the cooperative education, work experience, and school-work transition programs to students, parents, staff, school councils, and potential employers</li> <li>• Interview and select students for community-based learning programs</li> <li>• Identify and secure placements in which students will be able to achieve the course expectations, experience growth, and develop career goals</li> <li>• Assess placements for suitability</li> <li>• Inform employers of their role and responsibilities and of the responsibilities of the partnership prior to student placement</li> <li>• Organize and conduct pre-placement orientation sessions to prepare students</li> <li>• Consult regularly with students, employers, supervisors, employees, and other teachers</li> <li>• Assess whether placement supervision is appropriate</li> <li>• Organize and conduct regular integration activities (a minimum of seven hours per cooperative education credit)</li> <li>• Manage the day-to-day administrative tasks associated with cooperative education and work experience programs (including reporting to the school administration or to the Ministry of Education)</li> <li>• Help students arrange appropriate transportation to their placements</li> <li>• Liaise with guidance counsellors, school administrators, teacher-advisers, special education staff, and parents</li> <li>• Work with students and supervisors to ensure that any problems are dealt with immediately</li> </ul>

STUDENT	EMPLOYER/SUPERVISOR	COOPERATIVE EDUCATION TEACHER
<b>HEALTH AND SAFETY</b>		
<ul style="list-style-type: none"> <li>• Comply with all company rules as to dress, safety codes, work schedule, and policies</li> <li>• Notify the coop teacher promptly of safety or other concerns or problems that can not be resolved by the placement Supervisor</li> <li>• Ensure you have Health Card coverage before starting work</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a safe working and learning environment</li> <li>• Provide orientation and workplace health and safety training</li> <li>• Sign the Work Education Agreement to identify who provides WSIB student coverage</li> <li>• Are familiar with and follow accident reporting procedures</li> <li>• Provide placement specific safety training</li> <li>• <b>NEW!</b> Provide adequate and appropriate insurance for vehicles driven by student and for vehicle(s) in which the student is a passenger in, while the student is involved in the placement activities</li> </ul>	<ul style="list-style-type: none"> <li>• Follow the school board's placement procedures for all community-based learning programs</li> <li>• Assess placements for suitability</li> <li>• Assess whether placement supervision is appropriate</li> <li>• Provide health and safety instruction and information on insurance coverage</li> <li>• Follow Workplace Safety and Insurance Board and school board procedures for accident reports</li> </ul>
<b>STUDENT ASSESSMENT AND EVALUATION</b>		
<ul style="list-style-type: none"> <li>• Participate in the development and implementation of their Personalized Placement Learning P<sup>1</sup>ans</li> <li>• Participate with their supervisors and teachers in the assessment of their own performances</li> <li>• Keep a Daily Activity Report as well as a record of your experience as required by the coop teacher</li> </ul>	<ul style="list-style-type: none"> <li>• Provide students with written or oral feedback after an employment interview as part of the learning experience</li> <li>• Help develop Personalized Placement Learning Plans by identifying workplace applications</li> <li>• Assist the cooperative education teacher in developing realistic and challenging Personalized Placement Learning Plans for their students</li> <li>• Become familiar with students' strengths and the areas in which improvement is needed</li> <li>• Jointly assess student progress with teachers, and provide written performance appraisals</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a Personalized Placement Learning Plan for each student with the assistance of the student, the supervisor, and the teacher of the related course</li> <li>• Make regular on-site learning assessments of students at their placements (three times per student cooperative education credit, at least twice through direct personal contact)</li> <li>• Assess and evaluate student performance</li> <li>• Update and adjust students' placement learning plans as required</li> <li>• Keep dated, anecdotal records on student placement learning assessment</li> </ul>
<b>ACCIDENT REPORTING PROCEDURES</b>		
<ul style="list-style-type: none"> <li>• Report immediately to the Supervisor and Cooperative Education teacher any personal injuries that happen during placement</li> </ul>	<ul style="list-style-type: none"> <li>• If student is unable, report accident immediately to the student's Cooperative Education teacher</li> </ul>	<ul style="list-style-type: none"> <li>• Complete forms and fax to the Superintendent of Business within 24 hours notice of the accident <i>See Program: Procedures 1:1 for more details.</i></li> </ul>

The above responsibilities and liabilities have been explained to me and I accept these conditions. I hereby agree to participate in the Cooperative Education/Work Experience program of the Grand Erie District School Board.

**MUST BE SIGNED BY ALL PARTIES BEFORE PLACEMENT STARTS.**

Student \_\_\_\_\_ Training Station Supervisor \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Teacher/Monitor \_\_\_\_\_  
 Dated this \_\_\_\_\_ day of \_\_\_\_\_ (mth), \_\_\_\_\_ (yr)



## Grand Erie District School Board

## Report of Training Station Hours

## P102 Co-operative Education

## Appendix B

Reporting School: \_\_\_\_\_

Co-op Ed. Teacher: \_\_\_\_\_

Reporting Period From: \_\_\_\_\_ 200\_\_ To: \_\_\_\_\_ 200\_\_

**Notes:**

- 1 Report only actual attendance hours.
- 2 Record hours for students under the appropriate column with regard to their placement.
- 3 Reporting periods - Sep-Jan (Sem I) & Feb-Jun (Sem II). Include summer placements with Sem II reports.
- 4 Submit form signed by school principal to Paula Curran at the at the Education Centre, at the end of each reporting period.

Student Name (alphabetically)		Placement Name	Number of Hours		
			WSIB MOE Paid	WSIB Employer Paid	WSIB Not Available
			(Non-School Placements)	(Non-School Placements)	(Teacher Supervised Placements)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
Totals (this Page)			0	0	0
<b>GRAND TOTALS</b>					



Ministry of Education  
Ministère de l'Éducation

## Work Education Agreement Accord sur la formation pratique

Please print. See reverse for further details / En lettres moulées S.V.P. Voir au verso pour plus de détails.

The information on this form will be used to maintain the employment record of the training participant and is collected under the authority of the Workplace Safety and Insurance Act, 1997, c.16, s.21, 22; and the Education Act, R.S.O. 1990, c. E.2, s.8 and s.8.1. Because the Ministry of Education covers the cost of Workplace Safety and Insurance Board coverage for students 14 years of age or older, the Ministry and School Boards may use this information to verify the legitimacy of claims. Inquiries regarding this form should be directed to an Education Officer at the Ministry of Education, telephone 416 325-2547.

Les renseignements contenus dans ce formulaire serviront à tenir à jour le relevé d'emploi de la personne recevant une formation. Ils sont recueillis en vertu des articles 21 et 22 de la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail, chap. 16, et des articles 8 et 8.1 de la Loi sur l'éducation, L.R.O. 1990, chap. E.2. Le coût de la couverture de la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail pour les élèves de 14 ans ou plus étant assumé par le ministère de l'Éducation, celui-ci et les conseils scolaires peuvent utiliser ces renseignements pour vérifier la légitimité des demandes d'indemnité. Pour toute question sur ce formulaire, s'adresser à un agent d'éducation du ministère de l'Éducation, au 416 325-2547.

District School Board / Conseil scolaire

Date Completed / Rempli le

### A. Parties to the Agreement / Parties contractantes

1. Name of student trainee / Nom de l'élève stagiaire		Age / Âge	
Address / Adresse		Home phone no. / N° de tél. (domicile)	Postal Code / Code postal
Related course / Matière connexe			
2. Name of placement / Nom de l'organisme de formation	Employment Sector / Secteur d'activité	Name of placement supervisor / Nom du/de la superviseur-e de la formation	
Placement address / Adresse		Telephone no. / N° de téléphone	Postal Code / Code postal
3. School / École	Name of teacher / Nom de l'enseignant ou de l'enseignante		
Address / Adresse		Telephone no. / N° de téléphone	Postal Code / Code postal

### B. Specific Time at Placement / Durée, horaire, emploi du temps

1. **Period of Agreement / Durée de l'accord**

The student shall, from \_\_\_\_\_ month/mois day/jour year/année to \_\_\_\_\_ month/mois day/jour year/année  
L'élève stagiaire devra, du \_\_\_\_\_ au \_\_\_\_\_

faithfully, honestly and diligently perform the duties of a trainee at the placement as / exécuter fidèlement, honnêtement et assidûment pour l'organisme de formation les tâches de \_\_\_\_\_  
(job title / désignation de fonction)

and devote his/her whole time and attention to such placement during the hours hereunder prescribed.  
et consacrer tout son temps et toute son attention à la formation pendant les heures précisées ci-dessous.

2. **Placement Hours / Horaire de travail** The normal hours at the placement shall be from \_\_\_\_\_ to \_\_\_\_\_  
L'horaire de travail habituel sera de \_\_\_\_\_ à \_\_\_\_\_

3. **Schedule / Jours de travail** Identify the days when the student will be at the placement (or attach student's schedule).  
Inscrire les jours où l'élève sera au poste de formation (ou joindre son emploi du temps).

\_\_\_\_\_  
(days of placement / jours de travail)

### C. Workplace Safety & Insurance Board Coverage / Couverture de la Commission

1. Workplace Safety & Insurance Board Coverage will be provided at the training station by: / La couverture de la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail sera fournie, en ce qui concerne le poste de formation, par :

(a) the placement / l'organisme de formation  
☐ for the entire period / pour toute la durée du stage  
☐ for the period between \_\_\_\_\_ and \_\_\_\_\_ / pour la période comprise entre le \_\_\_\_\_ et le \_\_\_\_\_  
 inclusive / inclusivement

(b) the Ministry of Education / le ministère de l'Éducation  
☐ for the entire period / pour toute la durée du stage  
☐ for the period between \_\_\_\_\_ and \_\_\_\_\_ / pour la période comprise entre le \_\_\_\_\_ et le \_\_\_\_\_  
 inclusive / inclusivement

2. Number of placement hours for which Workplace Safety & Insurance Board Coverage has been provided:  
Nombre d'heures au poste de formation pour lesquelles la couverture de la Commission a été fournie par :

(a) By the placement / l'organisme de formation 20 \_\_\_\_\_ 20 \_\_\_\_\_  
(b) By the Ministry of Education / le ministère de l'Éducation 20 \_\_\_\_\_ 20 \_\_\_\_\_

### D. Signatures of Parties to the Agreement / Signature des parties contractantes

Student / Élève	Parent/Guardian / Père, mère, tuteur ou tutrice
<b>X</b>	<b>X</b>
Placement / Organisme de formation	Teacher / Enseignant ou enseignante
<b>X</b>	<b>X</b>

White - Student's O.S.R  
blanche - dossier scolaire

Green - Training Organization/Placement  
verte - organisme de formation

Yellow - Board  
citron - conseil

Pink - Student  
rose - élève

Goldenrod - Teacher  
verge d'or - enseignant/enseignante

**DEFINITIONS**

**Work Education Programs** - are work experience, supervised alternative learning for excused pupils, and co-operative education programs.

**Placement** - is an individual, a commercial enterprise or an agency that is external to the school board.

**GENERAL CONDITIONS**

1. The Board has approved a Work Education Program for pupils in its schools pursuant to Section 8 of the *Education Act* 1990.
2. The Placement and the Student have agreed to participate in the said Work Education Program on the terms and conditions herein set forth.
3. **Termination**  
Notwithstanding anything herein contained to the contrary, any party hereto may, with or without cause, summarily terminate this agreement with notice in writing to the other parties.
4. **Supervision**  
During the hours of training herein set forth, the Student shall be under the supervision of the Placement Supervisor; however, the Board or its representatives shall be allowed access to the Placement and the Student at times that are mutually agreed upon with the Placement Supervisor.
5. **Full-time Employee Tenure**  
The Placement agrees that the training of the Student hereunder shall in no way affect the job security of any full-time employee.
6. Where Workplace Safety & Insurance Board coverage is not provided for the Student by the Placement, then pursuant to the *Education Act*, the Student, for the purposes of coverage under the *Workplace Safety and Insurance Act*, shall be deemed to be an "employee" of the Ministry of Education upon the execution of this agreement and the commencement of duties by the Student. Workplace Safety & Insurance Board coverage will be provided by the Ministry of Education under Schedule 1 of the *Workplace Safety and Insurance Act*.
7. Where the Student is on the payroll of the Placement, the Placement is the Employer and is responsible for providing Workplace Safety & Insurance Board coverage and reporting claims.
  - If the Placement is currently reporting to the W.S.&I.B. the earnings must be included in their regular W.S.&I.B. returns.
  - If the Placement is NOT reporting to the W.S.&I.B., the Placement must contact the nearest W.S.&I.B. office to determine if coverage is mandatory when hiring workers.
8. Where the Student is employed by the Placement outside the scope of this Agreement, the Employer and Worker are subject to the *Employment Standards Act*, the Regulations and Orders thereunder.

**How to Obtain Workplace Safety & Insurance Board Coverage**

- An agreement must be completed by the parties concerned before the student starts at the placement.

**Who is Covered?**

All students who are registered as participants in a work education program administered by a school board are covered by Workplace Safety and Insurance Board. The Ministry of Education provides this coverage unless it has been arranged by the placement.

**When are Students Covered?**

Students are covered during the time they spend at the placement under the supervision of the placement. Students are not covered for classroom or shop work in the school, when working as teachers' aides, or when travelling to and from the placement.

Students are covered when their placement is located on school board property, but in an area that is not directly supervised by a qualified teacher, e.g. building maintenance staff, audio-visual centre, purchasing department.

**Types of Benefits Payable**

For the purpose of Workplace Safety & Insurance Board coverage, students are deemed to be employees of the Ministry of Education although they do not receive wages. For purposes of calculating Workplace Safety & Insurance Board benefits, the "deemed" rate of pay is the general hourly rate established by minimum wage legislation.

The *Workplace Safety and Insurance Act* provides compensation, medical aid, and non economic loss for employees injured in on-the-job accidents. Compensation is provided for actual loss of earnings, e.g. student's part-time job.

**When are Workplace Safety & Insurance Board Reports Required?**

All injuries to students in the Work Education program, however minor, should be reported by the student to the school board representative with full details of when, where and how the injury occurred. Accidents requiring only first aid treatment do not have to be reported to the Workplace Safety & Insurance Board, but a record of the details must be kept by the school board. If treatment is given by a medical doctor, or if an accident results in lost time from the program, a report must be sent to W.S.&I.B.

**Reporting Procedures**

In case of an accident, the "Employer's Report of an Accidental Injury or Industrial Disease" (Form 7) must be completed by the school board representative within 3 days of the accident. The original report must be received by the Workers' Compensation Board with a copy of the Work Education Agreement, within 7 working days of the accident.

Please refer to Policy/Program Memorandum 76A for more complete details.

**DÉFINITIONS**

Programmes de formation pratique : stages en milieu de travail, apprentissage parallèle dirigé pour élèves dispensés de fréquentation scolaire et programmes d'éducation coopérative.

Organisme de formation : personne, entreprise commerciale ou organisme indépendants du conseil scolaire.

**CONDITIONS GÉNÉRALES**

1. Le conseil a approuvé un programme de formation pratique pour les élèves de ses écoles conformément à l'article 8 de la *Loi sur l'éducation*, 1990.
2. L'organisme de formation et l'élève ont accepté de prendre part au programme de formation pratique selon les conditions énoncées dans le présent accord.
3. **Résiliation**  
Nonobstant toute disposition contraire du présent accord, l'une ou l'autre des parties peut, avec ou sans motif à l'appui, mettre fin sommairement à cet accord en avisant par écrit les autres parties.
4. **Supervision**  
Pendant les heures du stage prescrites dans le présent accord, l'élève sera sous la surveillance du superviseur ou de la superviseuse de la formation; cependant, le conseil ou ses représentants ou représentantes auront accès au poste de formation et pourront rencontrer l'élève aux heures sur lesquelles ils se seront entendus avec le superviseur ou la superviseuse de la formation.
5. **Sécurité d'emploi du personnel à plein temps**  
L'organisme de formation est d'accord pour que la formation de l'élève nommé dans les présentes n'entrave nullement la sécurité d'emploi des employés et employées à plein temps.
6. Si la couverture de la Commission n'est pas fournie par l'organisme de formation à l'élève stagiaire, ce dernier sera considéré, en vertu de la *Loi sur l'éducation* et aux fins de couverture prévue par la *Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail*, comme un «employé» du ministère de l'Éducation à la signature du présent accord et dès le début du stage. La couverture de la Commission sera fournie par le Ministère en vertu de l'annexe 1 de la *Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail*.
7. Si l'élève figure sur la liste de paye de l'organisme de formation, celui-ci est l'employeur et doit fournir la couverture de la Commission et lui signaler toute demande d'indemnités.
  - Si l'organisme de formation fait déjà rapport à la Commission, il doit inclure les gains de l'élève dans ses déclarations régulières.
  - Si l'organisme de formation NE fait PAS rapport à la Commission, il doit contacter le bureau de la Commission le plus proche pour s'informer s'il est tenu de fournir la couverture lorsqu'il embauche du personnel.
8. Dans le cas où l'élève est employé par l'organisme de formation en dehors de cet accord, l'employeur et le travailleur ou la travailleuse doivent se conformer à la *Loi sur les normes d'emploi* ainsi qu'aux règlements et directives qui s'y rapportent.

**Formalités à remplir pour obtenir la couverture de la Commission**

- Un accord doit être signé entre les parties concernées avant le début du stage.

**Qui est assuré?**

Tous les élèves inscrits comme participants à un programme de formation pratique administré par un conseil scolaire sont couverts par la Commission. Le ministère de l'Éducation fournit cette couverture, à moins que l'organisme de formation ne s'en charge.

**Quand les élèves sont-ils assurés?**

Les élèves sont couverts pendant qu'ils travaillent à leur poste de formation, sous la supervision de l'organisme de formation. Les élèves ne sont pas assurés s'ils travaillent en classe, en atelier à l'école ou comme aides-enseignants ou aides-enseignantes ou lorsqu'ils se rendent au lieu du stage ou en reviennent.

Les élèves sont assurés lorsqu'ils font leur stage sur la propriété du conseil scolaire, s'il s'agit d'un travail (l'entretien du bâtiment, par exemple) ou d'un endroit (le centre audio-visuel ou le service des achats, entre autres) qui n'est pas supervisé par une enseignante ou un enseignant qualifié.

**Genre d'indemnités payables**

Aux fins de la couverture de la Commission, les élèves sont considérés comme des employés et employées du ministère de l'Éducation, même s'ils ne reçoivent pas de salaire. Pour calculer les indemnités, le taux de «salaire» est le taux horaire général établi par la loi touchant le salaire minimum.

La *Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail* prévoit des indemnités, des soins médicaux et une compensation des préjudices moraux pour les employés et employés blessés dans un accident du travail.

**Quand doit-on contacter la Commission?**

Toute blessure subie par une ou un élève au cours d'un programme de formation pratique, même si elle est mineure, doit être déclarée par l'élève en cause au représentant ou à la représentante du conseil scolaire en précisant la date, le lieu et les circonstances de la blessure. Il n'est pas nécessaire de signaler à la Commission les accidents qui n'exigent que des premiers soins, mais le conseil scolaire doit établir un dossier des détails et le conserver. Si des traitements médicaux sont donnés par un médecin ou s'il y a une perte d'heures du programme à la suite d'un accident, un rapport doit être adressé à la Commission.

**Façon de signaler un accident**

En cas d'accident, le représentant ou la représentante du conseil scolaire doit remplir, dans les trois jours qui suivent l'accident, le formulaire n° 7 intitulé Avis d'accident de travail et de maladie professionnelle (Employeur). La Commission doit recevoir l'original de ce rapport et une copie de l'Accord sur la formation pratique dans les 7 jours ouvrables suivant l'accident.

Veuillez consulter la note Politique/Programmes n° 76A pour plus de renseignements.



Cooperative Education and Work Experience: *Placement Assessment Checklist*

Placement Name & Address:		
Type of Placement (manufacturing, health sciences, transportation, etc.):	# of Employees:	
Placement Supervisor:		
Teacher:	School:	Date:

**Placement Representative(s) Responses:****PART ONE: ORIENTATION**

- Does the company have: Employment Policies & Procedures ☐ Yes ☐ No Harassment Policy ☐ Yes ☐ No
- Will the student be provided with an orientation of the facility, personnel, and procedures? ☐ Yes ☐ No  
     I.e. Fire Alarm Procedures
- Is the supervisor familiar with accident reporting procedures for the student? ☐ Yes ☐ No
- Will student be working at additional placement sites? ☐ Yes ☐ No  
     **If yes, will transportation be provided:** ☐ Yes ☐ No
- Does the company have any restrictions (e.g. clothing, piercing, immunization, security checks, etc.) unique to this placement? ☐ Yes ☐ No **Details:** \_\_\_\_\_
- Is a qualified/accredited employee willing and available to act as a supervisor and to follow the student's progress on an individual basis? ☐ Yes ☐ No
- Will this placement provide the student with a variety of learning experiences? ☐ Yes ☐ No
- Will the student be required to operate mobile equipment or motorized vehicles? ☐ Yes ☐ No  
     Identify mobile equipment or motorized vehicle(s) to be used: \_\_\_\_\_  
     **Will student be trained before use:** ☐ Yes ☐ No

**\*NOTE:** School Boards do NOT provide any insurance coverage for students driving motorized vehicles while at their placements - Employers assume 100% of the liability for students who drive while at their placement.

**PART TWO: FACILITIES**

- Is the business able to accommodate students with special needs? (ie. Wheelchairs, tools) ☐ Yes ☐ No
- Are there handicapped accessible washroom facilities? ☐ Yes ☐ No

**PART THREE: HEALTH AND SAFETY**

- Is there a health and safety policy at the workplace? ☐ Yes ☐ No
- If "Yes" is the policy posted? ☐ Yes ☐ No
- Is there a Joint Health and Safety Committee? (20 or more employees) ☐ Yes ☐ No  
**OR** Is there a Workplace Health and Safety Rep.? (6 – 10 employees)
- Is a copy of the Ontario Workplace Health and Safety Act readily available? ☐ Yes ☐ No
- Are health and safety posters displayed? ☐ Yes ☐ No
- Will the student participate in relevant health and safety orientation and training? ☐ Yes ☐ No
- If no**, provide explanation: \_\_\_\_\_
- If needed, is there an Eye Wash and Shower station? ☐ Yes ☐ No

**PART FOUR: CHEMICAL RISKS**

1. Will the student be required to work with hazardous material? ☐ Yes ☐ No

**If yes, continue.** List substances that may be used: \_\_\_\_\_

2. Do all hazardous material containers carry WHMIS labels? ☐ Yes ☐ No
3. Are the Material Safety Data Sheets readily available (MSDS)? ☐ Yes ☐ No
4. Are the WHMIS posters displayed in the workplace? ☐ Yes ☐ No
5. Will student receive necessary training and/or certification where appropriate? ☐ Yes ☐ No

**PART FIVE: PHYSICAL RISKS**

1. Will the student be required to work with hand tools? ☐ Yes ☐ No
2. Will the student be required to work with mechanically controlled devices/tools? ☐ Yes ☐ No

**If yes to 1 or 2, continue.**

3. Is the equipment fitted with protective devices, safety devices and mechanisms? ☐ Yes ☐ No
4. Will the student be trained on the proper use of the safety devices? ☐ Yes ☐ No
5. Will the student be required to wear protective gear? ☐ Yes ☐ No
6. Will the student be required to work in an enclosed space? ☐ Yes ☐ No

**If yes, continue.**

7. Will the student be trained on confined spaces, use of ladders, ramps, harnesses ... ☐ Yes ☐ No
8. What additional training is required? \_\_\_\_\_

**PART SIX: ERGONOMIC HAZARDS**

1. Will the student be required to lift heavy loads or perform repetitive motion tasks? ☐ Yes ☐ No

**If yes, continue.**

2. Are there rules in place for lifting? (ie. Weight limits, # of consecutive lifts, passage ways clearing) ☐ Yes ☐ No
3. Is lift equipment used in the workplace? ☐ Yes ☐ No
4. Will the student be trained on proper safety procedures for using such equipment? ☐ Yes ☐ No
5. Will the student be trained on practices to prevent strain injury? ☐ Yes ☐ No

**PART SEVEN: BIOLOGICAL HAZARDS**

1. Within the assigned duties, will the student be exposed to biological hazards? (ie. Animals, plants, insects, liquids, organic materials, infectious diseases, raw foods, body fluids, other) ☐ Yes ☐ No

**If yes, continue.**

2. Will the student be required to wear safety gear? ☐ Yes ☐ No
3. Is a sink and hot water readily available? ☐ Yes ☐ No
4. Will the student receive training on the proper handling of biological hazardous materials? ☐ Yes ☐ No
5. Will the student be required to be vaccinated? ☐ Yes ☐ No
6. If yes, list vaccinations: \_\_\_\_\_

**PART EIGHT: PLACEMENT ACCOMMODATIONS** *List any special accommodations that may be required*


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**PART NINE: NOTES**

*IE. Vaccinations required, protective gear required if employer is not providing, Police check*

PLACEMENT REPRESENTATIVE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Questions were asked and recorded by:**

SCHOOL BOARD REPRESENTATIVE'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*Copies: 1. Teacher/Student File Additional copies available upon request.*



Grand Erie District School Board  
Cooperative Education and Experiential Learning  
**PERSONALIZED PLACEMENT LEARNING PLAN**  
**SECTION 1: PERSONAL AND PLACEMENT INFORMATION**

<b>Student Name:</b>	<b>Date:</b>
<b>Related Course Name:</b>	<b>Course Code:</b>
<b>Credit Value:</b>	<b>Grade Level:</b> <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 (Please check)
<b>Type of Course: (Please check one)</b> <input type="checkbox"/> Applied <input type="checkbox"/> Academic <input type="checkbox"/> Open <input type="checkbox"/> LDC <input type="checkbox"/> Workplace <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> College/University	
<b>Curriculum Policy Document:</b>	
<b>Placement Location:</b>	<b>Placement Supervisor:</b>
<b>IEP:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>OYAP:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

*The PPLP is designed to identify the opportunities that the placement will provide, and the learning strategies that will be employed, to enable the student to refine, extend, apply and practise the identified co-op and related course expectations.*

## SECTION 2: ASSESSMENT AND EVALUATION

The cooperative education student will experience ongoing assessment and evaluation. The results of the assessment and evaluation will reflect their achievement of the co-op and related course expectations as outlined in subsequent sections of this PPLP. A variety of strategies will be employed to gather evidence of their achievement. These strategies will include careful, critical observation, anecdotal records, journals, student/teacher/employer conferencing, assignments, an independent learning project (performance task) and a minimum of two performance appraisals. A variety of assessment/evaluation tools will be used to score the student's work including rubrics (achievement chart), checklists, and marking schemes. Evidence of student achievement will include input from several sources including the teacher, student and employer. A student's proficiency level will be based on the criteria described in the various categories/competencies of the related course achievement chart including Knowledge/Understanding (K/U), Application (A), Communication (C), and Thinking/Inquiry (T/I).

## SECTION 3: LEARNING STRATEGIES

These may include (but are not limited to):

- ☐ Brainstorming - group generation of initial ideas expressed without criticism or analysis
- ☐ Case Study - investigation of real and simulated issues
- ☐ Collaborative/cooperative learning - small group learning opportunities where there is a sharing of ideas and resources
- ☐ Computer assisted learning - learning of new materials or review/reinforce material previously learned
- ☐ Conferencing/discussion - student-student discussion, teacher to student discussion, student - supervisor conferencing to encourage confidence and motivation to success in all learners
- ☐ Role modelling/playing - student will observe and respond to new tasks that have been demonstrated
- ☐ Independent study - exploration/research of a topic linked to the expectations of their related course
- ☐ One-to-one mentoring - students have an opportunity to learn directly
- ☐ Journal writing - the practice of expressing ideas, experiences, and personal understandings
- ☐ Reports/presentations - oral, visual, and written presentation of researched topic
- ☐ Research - model of investigation
- ☐ Socratic lesson - oral presentation of information by the teacher/employer/supervisor or training personnel
- ☐ Teacher-directed class discussion - students actively participate in discussing current issues
- ☐ Additional:

**SECTION 4: EMPLOYER EXPECTATIONS**

These expectations have been identified by the employer and are different from the Learning Skills and related course expectations.

Employer Expectations:

**SECTION 5: EXPECTATIONS AND PLACEMENT OPPORTUNITIES**

This PPLP contains the **curriculum expectations** of the cooperative education course and *Related Course Code* that describe the knowledge and skills the student will extend and refine through application and practice at the workplace. The PPLP also identifies the opportunities that the placement will provide to enable the student to apply and refine the required knowledge and skills as outlined in the co-op and related course expectations and to develop an understanding of current industry practices and standards. Students will be assessed and evaluated throughout the semester on their achievement of these expectations.

**The student will:**

Co-op Course Expectations	Opportunities at the Placement

Add more boxes as required. Refer to "Cooperative Education Course Expectations"

The student will:

<b>Related Course Expectations (Overall and Specific Expectations)</b>	<b><i>Opportunities at the Placement (Description of tasks to be performed at the workplace)</i></b>

Add more boxes as required. Refer to Related Course Expectations

PLACEMENT COMPONENT PERFORMANCE APPRAISAL	
LEVEL 1 (50 - 59)	
•	uses procedures, equipment and technology safely and correctly <b>only with</b> supervision
•	applies ideas and skills in familiar contexts with <b>limited</b> effectiveness
•	makes connections with <b>limited</b> effectiveness
•	transfers concepts, skills to procedures to new contexts with <b>limited</b> effectiveness
•	LEVEL 2 (60 - 69)
•	uses procedures, equipment and technology safely and correctly <b>with some</b> supervision
•	applies ideas and skills in familiar contexts with <b>moderate</b> effectiveness
•	makes connections with <b>moderate</b> effectiveness
•	transfers concepts, skills to procedures to new contexts with <b>moderate</b> effectiveness
•	LEVEL 3 ( 70 - 79)
•	uses procedures, equipment and technology <b>safely and correctly</b>
•	applies ideas and skills in familiar contexts with <b>considerable</b> effectiveness
•	makes connections with <b>considerable</b> effectiveness
•	transfers concepts, skills to procedures to new contexts with <b>considerable</b> effectiveness
•	LEVEL 4 (80 - 100)
•	demonstrates and promotes the safe and correct use of procedures, equipment and technology
•	applies ideas and skills in familiar contexts with a high degree of effectiveness
•	makes connections with a high degree of effectiveness
•	transfers concepts, skills to procedures to new contexts with a high degree of effectiveness

COOPERATIVE EDUCATION AND OTHER FORMS OF EXPERIENTIAL LEARNING: ROLES AND RESPONSIBILITIES							
School Boards	Principals	Cooperative Education Teachers	Employers	Supervisors	Students	Guidance Counsellors	Non-Teaching Personnel
POLICY AND PROCEDURES							
<ul style="list-style-type: none"><li>Implement provincial policies on cooperative education, work experience, school-work transition, and apprenticeship programs</li><li>Develop policies and procedures for involving community partners in the planning and delivery of cooperative education, work experience, and school-work transition programs</li><li>Establish procedures to assess new placements</li><li>Develop policies that require teachers appointed to positions of responsibility in cooperative education to obtain specialist qualifications in cooperative education</li><li>Develop a protocol to ensure regular and consistent cooperation and communication among cooperative education personnel where more than one school or board operate cooperative education and work experience programs in the same community</li><li>Develop a policy statement regarding a student's activities in the event of a strike or a labour dispute</li></ul>	<ul style="list-style-type: none"><li>Assume overall responsibility for cooperative education, work experience, school-work transition, and apprenticeship programs, including student health and safety</li></ul>	<ul style="list-style-type: none"><li>Develop pre-course counselling and interviewing procedures for all students who wish to participate</li><li>Follow the school board's placement procedures for all community-based learning programs</li></ul>					
PROGRAM ADMINISTRATION							
<ul style="list-style-type: none"><li>Provide cooperative education and other forms of experiential learning and related programs</li><li>Extend and strengthen partnerships with colleges, employers, and the community to promote cooperative education, work experience, and school-work transition programs</li><li>Develop specialized programs that include cooperative education and/or work experience</li></ul>	<ul style="list-style-type: none"><li>Ensure that a teacher with qualifications in the subject area in which the student is earning cooperative education credits (normally, the teacher of the related course) is directly involved in the development of the personalized placement learning plan, including the development of assessment criteria and strategies</li><li>Make every effort to encourage the growth of cooperative education and the involvement of teachers from a variety of subject areas</li><li>Implement the program effectiveness survey</li></ul>						



School Boards	Principals	Cooperative Education Teachers	Employers	Supervisors	Students	Guidance Counsellors	Non-Teaching Personnel
PERSONNEL AND RESOURCES							
<ul style="list-style-type: none"><li>Assign personnel to ensure implementation of ministry policies and effective coordination</li><li>Allocate resources and personnel to support the development and implementation of cooperative education programs</li><li>Enable teachers to engage in professional development activities to ensure effective implementation of cooperative education, work experience, and school-work transition program policies</li><li>Encourage the sharing of resources among school boards within the same area or in adjacent areas</li><li>Ensure that appropriate supports and resources are provided for exceptional students</li></ul>	<ul style="list-style-type: none"><li>Give careful consideration to teachers' qualifications when allocating staff cooperative education and work experience programs</li><li>Recognize the need to incorporate in the timetables of coop. education teachers blocks of time that will enable them to secure placements and conduct assessments of student achievement at the workplace</li><li>Determine class size in cooperative education based on student credits</li><li>Give consideration to staff allocation where exceptional students with physical or learning disabilities are involved</li></ul>						
PROGRAM IMPLEMENTATION							
		<ul style="list-style-type: none"><li>Promote the cooperative education, work experience, and school-work transition programs to students, parents, staff, school councils, and potential employers</li><li>Interview and select students for community-based learning programs</li><li>Identify and secure placements in which students will be able to achieve the course expectations, experience growth, and develop career goals</li><li>Assess placements for suitability</li><li>Inform employers of their role and responsibilities and of the responsibilities of the partnership prior to student placement</li><li>Organize and conduct pre-placement orientation sessions to prepare students</li><li>Consult regularly with students, employers, supervisors, employees, and other teachers</li><li>Assess whether placement supervision is appropriate</li><li>Organize and conduct regular integration activities (a minimum of seven hours per cooperative education credit)</li></ul>	<ul style="list-style-type: none"><li>Provide a safe working and learning environment</li><li>Designate one employee to be responsible for supervising and evaluation each student</li><li>Provide challenging learning experiences that will encourage personal growth and develop career goals</li><li>Help students function as an integral part of a team</li></ul>	<ul style="list-style-type: none"><li>Direct and guide students' learning through on-site supervision</li><li>Acquaint students with company personnel and procedures</li><li>Report student absences to the cooperative education teacher immediately</li><li>Contact the cooperative education teacher when concerns arise</li><li>Work with students and teachers to ensure that any problems are dealt with immediately</li><li>Review and sign the daily logs at the end of each week</li><li>Complete program effectiveness survey</li><li>Share their expertise with students</li><li>Help students function as an integral part of a team</li></ul>	<ul style="list-style-type: none"><li>Work in courteous, responsible, and business-like manner and show appropriate initiative</li><li>Observe and comply with the rules and regulations of the placement and the school, including confidentiality requirements</li><li>Comply with school attendance policies in both the placement and classroom sessions</li><li>Submit assignments as required</li><li>Inform the placement supervisor and cooperative education teacher in advance if they are unable to report to their placements</li><li>Complete their course requirements to obtain credits towards the Ontario Secondary School Diploma</li><li>Work with teachers and supervisors to ensure that problems are dealt with immediately</li></ul>	<ul style="list-style-type: none"><li>Work collaboratively with the cooperative education teachers</li><li>Inform cooperative education teachers on an ongoing basis of potential student candidates</li><li>Assist with pre-placement and orientation sessions on request</li><li>Assist with career fairs, portfolio development, and other related activities</li><li>Maintain regular liaison between guidance and cooperative education staff</li><li>Actively recruit appropriate students for participation in cooperative education</li><li>Keep informed about the types of placements available</li></ul>	<ul style="list-style-type: none"><li>May promote programs and identify sources of new placements for students</li><li>May assist school staff with clerical duties associated with cooperative education and work experience programs</li><li>May assist in data collection related to program management</li><li>May develop a data base of employers and update regularly</li><li>May coordinate high-demand placements</li><li>May assist with the writing of funding proposals</li><li>May liaise with community resources and develop a list of guest speakers</li><li>May not place students</li><li>May not be responsible for delivering the pre-placement program to students</li><li>May not interview students</li><li>May not plan integration activities</li></ul>

School Boards	Principals	Cooperative Education Teachers	Employers	Supervisors	Students	Guidance Counsellors	Non-Teaching Personnel
PROGRAM IMPLEMENTATION cont'							
		<ul style="list-style-type: none"><li>• Manage the day-to-day administrative tasks associated with cooperative education and work experience programs (including reporting to the school administration or to the Ministry of Education)</li><li>• Help students arrange appropriate transportation to their placements</li><li>• Liaise with guidance counsellors, school administrators, teacher-advisers, special education staff, and parents</li><li>• Work with students and supervisors to ensure that any problems are dealt with immediately</li></ul>					
HEALTH AND SAFETY							
<ul style="list-style-type: none"><li>• Establish procedures to assess new placements</li></ul>	<ul style="list-style-type: none"><li>• Assume overall responsibility for cooperative education ... including student health and safety</li></ul>	<ul style="list-style-type: none"><li>• Follow the school board's placement procedures for all community-based learning programs</li><li>• Assess placements for suitability</li><li>• Assess whether placement supervision is appropriate</li><li>• Provide health and safety instruction and information on insurance coverage</li><li>• Follow Workplace Safety and Insurance Board and school board procedures for accident reports</li></ul>	<ul style="list-style-type: none"><li>• Provide a safe working and learning environment</li><li>• Designate one employee to be responsible for supervising and evaluating each student</li><li>• Provide orientation and workplace health and safety training</li></ul>	<ul style="list-style-type: none"><li>• Sign the Work Education Agreement to identify who provides WSIB student coverage</li><li>• Are familiar with and follow accident reporting procedures</li><li>• Provide placement specific safety training</li></ul>	<ul style="list-style-type: none"><li>• Comply with all company rules as to dress, safety codes, work schedule, and policies</li></ul>		
STUDENT ASSESSMENT AND EVALUATION							
		<ul style="list-style-type: none"><li>• Develop a Personalized Placement Learning Plan for each student with the assistance of the student, the supervisor, and the teacher of the related course</li><li>• Make regular on-site learning assessments of students at their placements (three times per student cooperative education credit, at least twice through direct personal contact)</li><li>• Assess and evaluate student performance</li><li>• Update and adjust students' placement learning plans as required</li><li>• Keep dated, anecdotal records on student placement learning assessment</li></ul>	<ul style="list-style-type: none"><li>• Provide students with written or oral feedback after an employment interview as part of the learning experience</li><li>• Help develop personalized placement learning plans by identifying workplace applications</li></ul>	<ul style="list-style-type: none"><li>• Assist the cooperative education teacher in developing realistic and challenging personalized placement learning plans for their students</li><li>• Become familiar with students' strengths and the areas in which improvement is needed</li><li>• Jointly assess student progress with teachers, and provide written performance appraisals</li></ul>	<ul style="list-style-type: none"><li>• Participate in the development and implementation of their personalized placement learning plans</li><li>• Participate with their supervisors and teachers in the assessment of their own performances</li></ul>		<ul style="list-style-type: none"><li>• May not create personalized placement learning plans for students</li><li>• May not participate in on-site learning assessment activities or evaluate students</li></ul>

Date

**“WITHOUT PREJUDICE”**

Parent/guardian Name  
Student Name  
Street Address  
Municipality  
PC

Dear (parent or student name):

We are in receipt of a report indicating (student name), while involved in a cooperative education placement at (placement), was involved in (incident description) resulting in (damage to property).

The cost to repair this damage is (total cost of insurance claim). The Grand Erie District School Board liability insurance policy protects students who participate in these ventures, subject to certain specified deductible amounts.

In this instance, insurance coverage amounted to (amount paid by OSBIE), leaving an outstanding deductible amount of (fill in amount). Please send a cheque in this amount made payable to the “Grand Erie District School Board” to the attention of:

Grand Erie District School Board  
c/o Superintendent of Business and Treasurer  
349 Erie Avenue  
Brantford, ON  
N3T 5V3

If you have any questions regarding this incident, please do not hesitate to contact the writer at 519-756-6306, x-281134.

Sincerely,

Assistant to the Superintendent of Business and Treasurer

c: *School Principal*  
*Co-op Monitor*



Mail To: 200 Front Street West  
Toronto ON M5V 3J1

OR Fax To: 416-344-4684  
OR 1-888-313-7373

Please PRINT in black ink

# 7

## Employer's Report of Injury/Disease (Form 7)

Claim Number

**A. Worker Information**

Job Title/Occupation (at the time of accident/illness - do not use abbreviations)		Length of time in this position while working for you		Social Insurance Number	
Please check <b>if</b> this worker is a: <input type="checkbox"/> executive <input type="checkbox"/> elected official <input type="checkbox"/> owner <input type="checkbox"/> spouse or relative of the employer					
Last Name		First Name		Worker Reference Number	
Address (number, street, apt., suite, unit)				Date of Birth dd mm yy	
City/Town		Province		Postal Code	
Is the worker covered by a Union/Collective Agreement? <input type="checkbox"/> yes <input type="checkbox"/> no				Worker's preferred language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	
Sex <input type="checkbox"/> M <input type="checkbox"/> F				Date of Hire dd mm yy	
				Telephone	

**B. Employer Information**

Fold here for #10 envelope

Trade and Legal Name (if different provide both)		Check one: <input type="checkbox"/> Firm Number <b>OR</b> <input type="checkbox"/> Account Number		Provide Number	
Mailing Address		Rate Group Number		Classification Unit Code	
City/Town		Province		Postal Code	
Description of Business Activity		Does your firm have 20 or more workers? <input type="checkbox"/> yes <input type="checkbox"/> no		FAX Number	
Branch Address where worker is based (if different from mailing address - no abbreviations)					
City/Town		Province		Postal Code	
				Alternate Telephone	

**C. Accident/Illness Dates and Details**

<b>1. Date and hour of accident/Awareness of illness</b> dd mm yy AM PM Date and hour reported to employer dd mm yy AM PM		<b>2. Who was the accident/illness reported to? (Name &amp; Position)</b> Telephone Ext.	
<b>3. Was the accident/illness:</b> <input type="checkbox"/> Sudden Specific Event/Occurrence <input type="checkbox"/> Gradually Occurring Over Time <input type="checkbox"/> Occupational Disease <input type="checkbox"/> Fatality		<b>4. Type of accident/illness: (Please check all that apply)</b> <input type="checkbox"/> Struck/Caught <input type="checkbox"/> Fall <input type="checkbox"/> Slip/Trip <input type="checkbox"/> Overexertion <input type="checkbox"/> Harmful Substances/Environmental <input type="checkbox"/> Motor Vehicle Incident <input type="checkbox"/> Repetition <input type="checkbox"/> Assault <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Other	
<b>5. Area of Injury (Body Part) - (Please check all that apply)</b>			
<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s) <input type="checkbox"/> Other	<input type="checkbox"/> Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Chest	<input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis	Left Right <input type="checkbox"/> Shoulder <input type="checkbox"/> <input type="checkbox"/> Arm <input type="checkbox"/> <input type="checkbox"/> Elbow <input type="checkbox"/> <input type="checkbox"/> Forearm <input type="checkbox"/>
			Left Right <input type="checkbox"/> Wrist <input type="checkbox"/> <input type="checkbox"/> Hand <input type="checkbox"/> <input type="checkbox"/> Finger(s) <input type="checkbox"/>
			Left Right <input type="checkbox"/> Hip <input type="checkbox"/> <input type="checkbox"/> Thigh <input type="checkbox"/> <input type="checkbox"/> Knee <input type="checkbox"/> <input type="checkbox"/> Lower Leg <input type="checkbox"/>
			Left Right <input type="checkbox"/> Ankle <input type="checkbox"/> <input type="checkbox"/> Foot <input type="checkbox"/> <input type="checkbox"/> Toe(s) <input type="checkbox"/>
<b>6. Describe what happened to cause the accident/illness and what the worker was doing at the time (lifting a 50 lb. box, slipped on wet floor, repetitive movements, etc. . .). Include what the injury is and any details of equipment, materials, environmental conditions (work area, temperature, noise, chemical, gas, fumes, other person) that may have contributed. For a condition that occurred gradually over time, please attach a description of the physical activity required to do the work.</b>			

Claim Number

Please PRINT in black ink

Worker Name	Social Insurance Number
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**C. Accident/Illness Dates and Details (Continued)**

<b>7.</b> Did the accident/illness happen on the employer's premises (owned, leased or maintained)? <input type="checkbox"/> yes <input type="checkbox"/> no	Specify where (shop floor, warehouse, client/customer site, parking lot, etc..).
<b>8.</b> Did the accident/illness happen outside the Province of Ontario? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , where (city, province/state, country).
<b>9.</b> Are you aware of any witnesses or other employees involved in this accident/illness? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , provide name(s), position(s), and work phone number(s). 1. _____ 2. _____
<b>10.</b> Was any individual, who does not work for your firm, partially or totally responsible for this accident/illness? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , please provide name and work phone number _____
<b>11.</b> Are you aware of any prior similar or related problem, injury or condition? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , please explain _____
<b>12.</b> If you have concerns about this claim, attach a written submission to this form. <input type="checkbox"/> submission attached	

**D. Health Care**

<b>1.</b> Did the worker receive health care for this injury? <input type="checkbox"/> yes <input type="checkbox"/> no If <b>yes</b> , when : dd mm yy	<b>2.</b> When did the employer learn that the worker received health care? dd mm yy
<b>3.</b> Where was the worker treated for this injury? <b>(Please check all that apply)</b> <input type="checkbox"/> On-site health care <input type="checkbox"/> Ambulance <input type="checkbox"/> Emergency department <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Health professional office <input type="checkbox"/> Clinic <input type="checkbox"/> Other: _____ Name, address and phone number of health professional or facility who treated this worker (if known) _____ _____	

**E. Lost Time - No Lost Time**

<b>1.</b> Please choose one of the following indicators. <b>After the day of accident/awareness of illness, this worker:</b> <input type="checkbox"/> Returned to his/her <b>regular job</b> and <b>has not</b> lost any time and/or earnings. <b>(Complete sections G and J).</b> <input type="checkbox"/> Returned to <b>modified work</b> and <b>has not</b> lost any time and/or earnings. <b>(Complete sections F, G, and J).</b> <input type="checkbox"/> <b>Has</b> lost time and/or earnings. <b>(Complete ALL remaining sections).</b>			
Provide date worker first lost time dd mm yy	Date worker returned to work (if known) dd mm yy	<input type="checkbox"/> regular work <input type="checkbox"/> modified work	
<b>2.</b> This Lost Time - No Lost Time - Modified Work information was confirmed by: <input type="checkbox"/> Myself <input type="checkbox"/> Other Name _____ Telephone _____ Ext. _____			

**F. Return To Work**

<b>1.</b> Have you been provided with work limitations for this worker's injury? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>2.</b> Has modified work been discussed with this worker? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>3.</b> Has modified work been offered to this worker? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , was it <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> If Declined please attach a copy of the written offer given to the worker.
<b>4.</b> Who is responsible for arranging worker's return to work <input type="checkbox"/> Myself <input type="checkbox"/> Other Name _____ Telephone _____ Ext. _____			

Claim Number

Please PRINT in black ink

Worker Name	Social Insurance Number
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**G. Base Wage/Employment Information** - (Do not include overtime here)**1. Is this worker (Please check all that apply)**

- |  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Permanent Full Time | <input type="checkbox"/> Casual/Irregular | <input type="checkbox"/> Student        | <input type="checkbox"/> Registered Apprentice | <input type="checkbox"/> Owner Operator or (Sub) Contractor |
| <input type="checkbox"/> Permanent Part Time | <input type="checkbox"/> Seasonal         | <input type="checkbox"/> Unpaid/Trainee | <input type="checkbox"/> Optional Insurance    |   |
| <input type="checkbox"/> Temporary Full Time | <input type="checkbox"/> Contract         | <input type="checkbox"/> Other _____    |  |   |
| <input type="checkbox"/> Temporary Part Time |   |   |  |   |

**2. Regular rate of pay** \$ \_\_\_\_\_ per ☐ hour ☐ day ☐ week ☐ other \_\_\_\_\_
**H. Additional Wage Information**

<b>1. Net Claim Code or Amount</b> Federal <input type="text"/> Provincial <input type="text"/>	<b>2. Vacation pay - on each cheque?</b> <input type="checkbox"/> yes <input type="checkbox"/> no Provide percentage _____ %
<b>3. Date and hour last worked</b> dd mm yy <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>4. Normal working hours on last day worked</b> From <input type="checkbox"/> AM <input type="checkbox"/> PM To <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>5. Actual earnings for last day worked</b> \$ _____	<b>6. Normal earnings for last day worked</b> \$ _____
<b>7. Advances on wages:</b> Is the worker being paid while he/she recovers? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, indicate: <input type="checkbox"/> Full/Regular <input type="checkbox"/> Other _____	

**8. Other Earnings (Not Regular Wages):** Provide the **total of additional earnings** for each week for the 4 weeks before the accident/illness.

\* For Rotational Shift workers - If the shift cycle exceeds 4 weeks, please attach the earnings information for the last complete shift cycle prior to the date of accident/illness.

Use these spaces for any other earnings (indicate Commission, Differentials, Premiums, Bonus, Tips, In Lieu %, etc..).

Period	From Date (dd/mm/yy)	To Date (dd/mm/yy)	Mandatory Overtime Pay	Voluntary Overtime Pay				
Week 1			\$	\$	\$	\$	\$	\$
Week 2			\$	\$	\$	\$	\$	\$
Week 3			\$	\$	\$	\$	\$	\$
Week 4			\$	\$	\$	\$	\$	\$

**I. Work Schedule** (Complete either **A, B or C. Do not** include overtime shifts)
☐ **(A.) Regular Schedule** - Indicate normal work days and hours.

**Example:** Monday to Friday, 40 hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

S	M	T	W	T	F	S
8	8	8	8	8	8	

or,

☐ **(B.) Repeating Rotational Shift Worker** - Provide

NUMBER OF DAYS ON	NUMBER OF DAYS OFF	HOURS PER SHIFT(s)	NUMBER OF WEEKS IN CYCLE

or,

☐ **(C.) Varied or Irregular Work Schedule** - Provide the total number of regular hours and shifts for each week for the 4 weeks prior to the accident/illness. (Do not include overtime hours or shifts here).

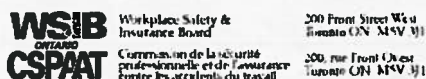
	Week 1	Week 2	Week 3	Week 4
From/To Dates (dd/mm/yy)				
Total Hours Worked				
Total Shifts Worked				

**J. It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board.**  
**I declare that all of the information provided on pages 1, 2, and 3 is true.**

Name of person completing this report (please print)	Official title
Signature	Telephone Ext. Date dd mm yy

**THE WORKPLACE SAFETY AND INSURANCE ACT REQUIRES YOU GIVE A COPY OF THIS FORM TO YOUR WORKER**

Social Insurance Number



### Treatment Memorandum Avis de traitement

**Practitioner/Hospital:** The worker claims to have been injured in our employ and requests treatment. We, the employer, are sending a report to the Workplace Safety and Insurance Board (WSIB).

**Praticien/Hôpital :** Le travailleur affirme avoir subi une lésion pendant qu'il travaillait pour nous et demande des traitements. En tant qu'employeur de ce travailleur, nous ferons parvenir un rapport à la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail (CSPAAT).

Worker Identification Identification du travailleur	Last Name/ Nom de famille		First Name/ Prénom		Initials/ Initiale	S.I.N./ N° d'assurance sociale	
	Address (no., street, apt. no.)/ Adresse (n°, rue, app.)			City/Town/ Ville		Province	Postal Code Code postal
Employer Identification Identification de l'employeur	Firm Name/ Nom de l'entreprise					WSIB Firm No./ N° d'entreprise à la CSPAAT	
	Address/ Adresse			City/Town/ Ville		Province	Postal Code Code postal
Accident Information Renseignements sur l'accident	Date and hour of accidental injury Date et heure de l'accident		Date and hour accident reported Date et heure où fut signalé l'accident		Nature of Injury/Nature de la lésion		
	dd/jj	mm/mm	yy/aa	time/heure	am	pm	
Important: Please retain and file this document for future reference and submission to the WSIB if requested. Veuillez conserver ce document pour référence future et pour présentation à la CSPAAT sur demande.					Name of Company Officer/ Nom du dirigeant de l'entreprise		Date (dd/mm/yy) (jj/mm/aa)

Please see other side/ Voir au verso.

Please submit your account to the WSIB/ Veuillez envoyer votre compte à la CSPAAT.

0156C (05/02)



**Injured Worker**

Regardless of whether you have received attention at a hospital emergency department for your injury, you are entitled to choose your health professional (i.e. family doctor, dentist, chiropractor, specialist, etc.) if you require further treatment. After choosing, however, you may not change health professionals without the permission of the Workplace Safety and Insurance Board (WSIB).

**Health Professional**

If you have determined the injured worker will be disabled from earning full wages on any day beyond the day of injury, please submit the appropriate form to the WSIB: **Health Professional - Form 8, Health Professional's First Report** **Chiropractors - Form 284C, Chiropractor's First Report**.

The WSIB supports early and safe return to work. If your patient is injured immediate action is recommended to ensure that appropriate measures are instituted. Many employers accommodate their injured workers advantageously by minor modifications to their normal jobs or by transfer to other occupations more suited to their functional abilities. To assist the employer in planning such measures, the WSIB urges that you discuss this matter with your patient and co-operate with the employer's medical staff or responsible representatives in implementing a program which is reasonable and appropriate for the injured worker.

**Travailleur blessé**

*Que vous ayez ou non été traité à l'urgence d'un hôpital pour votre lésion, vous avez le droit de choisir votre professionnel de la santé (c.-à-d. médecin de famille, dentiste, chiropraticien, spécialiste, etc.) si vous devez recevoir d'autres soins. Cependant, une fois que vous avez fait votre choix, vous ne pouvez pas changer de professionnel de la santé sans l'autorisation de la CSPAAT de la sécurité professionnelle et de l'assurance contre les accidents du travail (CSPAAT).*

**Professionnel de la santé**

*Si vous avez déterminé que le travailleur blessé est invalide, c.-à-d. qu'il ne sera pas en mesure de gagner son plein salaire après le jour de l'accident, veuillez faire parvenir à la CSPAAT le formulaire approprié **Professionnel de la santé - Formulaire 8, Premier rapport du professionnel de la santé; Chiropraticiens - Formulaire 284C, Premier rapport du chiropraticien**.*

*La CSPAAT encourage le retour au travail rapide et sécuritaire. Si votre patient est invalide, nous recommandons que les mesures appropriées soient prises sans tarder pour assurer son retour au travail. Bon nombre d'employeurs tentent de faciliter le retour au travail de leurs travailleurs blessés en modifiant légèrement leur travail régulier ou en leur offrent un autre emploi convenant mieux à leurs capacités fonctionnelles. Afin d'aider l'employeur à planifier de telles mesures, nous vous prions de discuter de cette question avec votre patient et de collaborer avec le personnel médical de l'employeur ou les représentants de celui-ci, en vue de mettre en oeuvre un programme approprié pour le travailleur blessé.*