

EXPERIENTIAL LEARNING PROGRAMS MANUAL



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Table of Contents

Overview of the Experiential Learning Program	3
Program Administration	3
Program Implementation	4
Health and Safety	6
Procedures for Reporting Student Injuries:.....	6
Critical Injuries:.....	7
WSIB.....	7
Insurance	9
Risk Management.....	11
Student Assessment and Evaluation	12
Co-op Credits Earned Per Semester	12
Forms.....	13
Appendix A – Co-operative Education and Work Experience Roles and Responsibilities Acknowledgement Form	13
Appendix B – Training Station Hours	13
Appendix C – Work Education Agreement (WEA)	13
Appendix D – Placement Assessment Checklist (PAC).....	13
Appendix E – Student Co-operative Education Learning Plan.....	13
Appendix F – Restitution Form Letter	13
Appendix G – Workplace Safety & Insurance Board (WSIB) Form 7.....	14
Appendix H – WSIB Treatment Memorandum Form	14
Appendix I – Acknowledgement of Authorization to Collect SIN number	14
Appendix J – WEA Extension Form Agreement – Extended Hours of Placement.....	14
Appendix K – RMA Waiver – Consent Student Involvement in High Risk Experiential Learning Placement Activities Supervised by a Qualified Teacher	14
Appendix L – RMA - Student Transportation to Experiential Learning Placements.....	14
Appendix M – RMA - Student Transportation by Workplace Supervisor.....	14
Appendix N – RMA - Declaration by Workplace Supervisor of Vehicle Fitness and Insurance Coverage.....	14
Appendix O – Work Education Placement During COVID-19 Pandemic.....	14
Appendix P – Community Engagement Placement Roles and Responsibilities.....	14
Appendix Q – Community Engagement Placement Learning Plan.....	14

Overview of the Experiential Learning Program

The experiential learning program provides opportunities for all students in secondary school, including adult learners, to apply, refine, and extend, in the classroom and in the context of a community outside the school, the skills and knowledge outlined in the co-operative education curriculum.

Learning beyond the classroom

Today's students need learning that goes beyond the classroom. School-work programs expand students' learning by helping them:

- understand more about the industries they may want to pursue in the future
- get exposed to career options in industries they may not have known about or even considered
- develop essential workplace skills
- see how their in-class learning can be applied in the workplace
- make more informed decisions about their education and career path so they make a successful transition into the job market.

Giving students the chance to explore different career options and build their skills will help them prepare for the jobs of tomorrow.

How students can learn beyond the classroom

Students can learn about the world of work by exploring different careers and industries through:

- workplace tours
- job shadowing
- mentoring
- co-operative education
- school-work transitions
- Ontario Youth Apprenticeship Program.

This manual will focus primarily on credit bearing and non-credit bearing forms of experiential learning. For information pertaining to single day experiential learning experiences, (i.e. job shadowing, Take Our Kids to Work Day) please refer to Out of Classroom Fields Trips and Excursions ([SO15](#)).

Two co-operative education courses are included in the Ontario curriculum:

- Co-operative Education Linked to a Related Course (or Courses)
- Creating Opportunities through Co-op

The inclusion of these two courses in the curriculum is intended to ensure that all students have access to co-operative education, to meet the diverse needs of individual students, and to support a broad range of experiential learning opportunities. Schools are encouraged to offer both co-operative education courses.

The Ontario Curriculum, Grades 11 and 12: Co-operative Education, 2018 sets out curriculum and implementation policy related to co-operative education. It replaces Co-operative Education and Other Forms of Experiential Learning: Policies and Procedures for Ontario Secondary Schools, 2000. Schools offering co-operative education are required to implement the policy outlined in this document beginning September 2018.

<http://www.edu.gov.on.ca/eng/curriculum/secondary/cooperative-education-2018.pdf>

Program Administration

Central co-ordination of the overall experiential learning program shall ensure consistency in dealing with employers and the community. Experiential learning teachers fall into two

categories. Co-operative education teachers can grant credits while experiential learning teachers are involved with experiences such as job twinning, job shadowing, and community engagement experiences. Each school shall have a co-operative education (co-op) teacher to represent the school in matters pertaining to co-op programs.

- a) Access:
Every effort shall be made to ensure that no student is denied access to an experiential learning 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 partners involved in Co-operative Education (e.g. Conestoga, Fanshawe and Mohawk colleges, Laurier University, Brant Haldimand Norfolk Catholic District School Board, District School Board of Niagara and W. Ross Macdonald School).
- d) Open and ongoing communication between all experiential learning staff in schools is encouraged. Communication shall include sharing of community placements within the system to ensure equitable access to limited opportunities for all schools (Ex. Police, Hospital).
- 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 (September 1- August 31), 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. The number of hours must be tracked in the Co-op Writer software and the auto populated Training Station Hours forms (Appendix B) are to be printed off, signed by the teacher and principal, at the end of each semester including summer school. The forms are to be housed in a secure location at the school for a minimum of six years for audit purposes.
 - 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.

Program Implementation

Where system plans, resource documents and manuals, software such as Co-op Writer, and/or forms are approved, all schools are expected to use them.

- a) Co-operative Education courses may consist of a classroom component and a community component, which are described in detail in Co-operative Education, Grades 11 and 12, 2018.
- b) Each student will receive:
 - i) Pre-course Counselling and Interviewing
 - ii) Classroom Component may include pre-placement orientation, workplace preparation, and health and safety

- iii) Community Component
 - iv) Student's Co-operative Education Learning Plan (Appendix E)
- c) Placement Assessment Checklist (Appendix D)
- The Experiential Learning 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) information, site-specific training, and ongoing supervision to protect students' health, safety, and well-being, as required by the Occupational Health and Safety Act, the Employment Standards Act, the Workplace Safety and Insurance Act (WSIA), the Ontario Human Rights Code, and the Municipal Freedom of Information and Protection of Privacy Act;
 - ii) a suitable physical environment for the student to engage in a range of relevant learning opportunities and experiences, including those related to the use of technology, equipment, and tools;
 - iii) an educationally rich learning experience based on the student's learning plan;
 - iv) adjustments based on the learning needs of the student, including those of students with special education needs.
 - v) All experiential learning placements are to be approved at the discretion of the school administrator. Placements involving any of the following activities are not acceptable:
 - working in the student's home school, except under special circumstances
 - 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 Ontario School K-12, section 6.1.4)
- d) It is expected that the vast majority of students will have one work placement per experiential learning 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. Creating opportunities through co-op may be scheduled for 110 hours or 220 hours, and a student may earn, respectively, one or two co-operative education credits for successful completion of the course. When this course is scheduled for 220 hours, students' learning related to the expectations will be deeper and broader. Students taking Co-operative Education Linked to a Related Course (or Courses) may earn a maximum of two co-operative education credits for each credit earned from a related course (or courses) previously completed or taken concurrently, to a maximum of four credits for the co-operative education course.
- 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 co-operative education expectations.

Health and Safety

Each secondary school shall develop a written procedure to resolve safety and/or health hazards at the work placement, to include:

- a) provision that the school administrator be informed by the teacher immediately of any concerns related to health and/or safety hazards;
- b) the understanding that upon notification, the school administrator in consultation with the experiential learning teacher will remove the student from the workplace until the concern is resolved
- c) assurance that all students in experiential learning programs offered by the Board receive appropriate training at the discretion of the experiential learning teacher. All employer-related training is to be recorded and time-stamped within the student's learning plan prior to starting their work placement.

Procedures for Reporting Student Injuries:

Student

Students must report any injury to their workplace supervisor and experiential learning teacher immediately (whether or not the student received professional medical attention). In emergency cases, where the student has been transported by ambulance to the hospital, then the student's workplace supervisor must contact the student's teacher immediately.

Experiential Learning Teacher

The teacher must immediately notify the school administrator.

For all reported work-related injury or disease, complete:

1. Ontario School Boards Insurance Exchange (OSBIE) Incident Report

A work-related injury or disease requiring only first-aid treatment does not have to be reported to WSIB, but a record of the details must be kept through the OSIBE Incident Report

If medical treatment beyond first aid is required from a health care profession, or if the injury or disease results in loss of time from the work placement, the following forms in Co-op Writer must be completed and emailed to the Executive Assistant to the Superintendent of Business within three business days' notice of the accident:

1. Form 7 - WSIB - Employer's Report of Injury/Disease (Appendix G)
2. Copy of student's Work Education Agreement contract (Appendix C)

Coverage Provided Under the *Workplace Safety and Insurance Act, 1997*

Submission of Report

In the case of an accident, requiring medical attention or lost time from work the Employers' Report of Injury/Disease (WSIB Form 7) must be submitted along with the completed and signed WEA form to the Executive Assistant to the Superintendent of Business within three (3) business days of the student reporting the injury or disease to the school. The office of the Superintendent of Business must then submit the form to the WSIB and to the Ministry of Education within seven (7) days of the student reporting the incident. (Business days are Monday to Friday, and do not include statutory holidays.).

The student's 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 within 48 hours. 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 obtained. 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.

Critical Injuries:

A Critical Injury is an injury of a serious nature that:

- Places life in jeopardy or
- Produces unconsciousness or
- Results in substantial loss of blood (this is quantified as the person requiring a blood infusion at the hospital) or
- Involves the fracture of an arm or a leg but not a finger or toe or
- Involves the amputation of a leg, arm, hand or foot but not a finger or toe or
- Consists of burns to a major portion of the body or
- Causes the loss of sight in an eye

Please note that the Ministry of Labour is now counting the loss of one finger or a toe, or the break of a finger or a toe as a possible critical injury. Ensure you are reporting those injuries as they are being handled on a case by case basis and may be investigated

For more detailed information, please refer to: [Student and Visitor Injuries/Accidents \(SO-120\) or Employee Injury Reporting and Investigation \(HR-121\)](#)

WSIB

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

- a) If students do receive wages when participating in work education or experiential learning programs, the placement employer is considered to be the employer under the WSIA and is responsible for providing WSIA coverage. A Work Education Agreement (WEA) form must be completed for these students, and school boards must indicate in the appropriate section of the form that the employer, not the ministry, is providing the WSIA coverage
- b) Obtaining WSIB Coverage
As per Bill 18, Stronger Workplaces for a Stronger Economy Act, 2014, in order to ensure Workplace Insurance coverage, a WEA 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 Co-operative Education, Supervised Alternative Learning (SAL), Ontario Youth Apprenticeship Program (OYAP), 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 (18) years of age. (This requirement is still valid despite the fact that the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) gives students who are sixteen (16) years old the right to protection of their personal information.)

The Training Station Hours Forms are generated in Co-op Writer based on the hours tracked by the experiential learning teacher. The forms are to be printed, signed by the principal and filed at the school.

WSIA coverage arranged through the Ministry is for the time and dates indicated on the WEA form. The WEA form should only allow for 15 minutes extra before or after the planned workday. For special circumstances, the WEA extension form (Appendix J) must be completed. i.e. attending a trade show outside of regular hours. If the employer of the student wishes to modify the regular hours at the placement, a new WEA should be created.

c) 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, in which they are involved in hands-on work, provided that they are at least fourteen (14) years of age.

Coverage is not provided for students under fourteen (14) 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 Out of Classroom Trips and Excursions Policy (SO-15) should be completed for students involved in these experiences.

d) Conditions of WSIA Coverage

- i) Students are covered during the time that they are performing the duties assigned to them under the supervision of the placement employer.
- ii) Students are covered when their work placement is located on school board property, and when they are supervised by teaching or non-teaching staff members (e.g., teachers, building custodians, electrical maintenance supervisors, audio-visual technicians, or purchasing officers).
- iii) Students who participate in the Ontario Youth Apprenticeship Program (OYAP) and who are not paid an hourly wage or salary are covered. If an OYAP student is on an employer's payroll, the employer assumes responsibility for the student's WSIA coverage.
- iv) Students whose work placement is outside the province – for example, students participating in international co-operative education – are covered for up to six months while at their work placement in the host province or country. If the work placement continues beyond six months, the school board must send a written request to the WSIB for approval of an extension of coverage. A copy of this request must be sent to the Ministry.
- v) Students are covered if they are required to travel as part of their learning and if travelling is considered an assigned duty during their work placement.
- vi) Students are generally covered while they are being transported from the work placement to receive health care as the result of a work-related injury or disease.
- vii) Students are generally not covered while they are travelling to and from the work placement.
- viii) Students are not covered during the time they are in training for, or are participating in, individual or team sports. Amateur or professional athletes are not covered under the WSIA.

Further information can be found in the *Workplace Safety and Insurance Coverage for Students in Work Education Programs* [PPM 76A](#).

e) 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.

For paid work placements, benefits are based on actual wages to calculate the loss of earnings benefits.

If a student has an accident during unpaid co-op hours that results in loss of time from a part-time job not connected with the Co-operative Education program, and if the accident results in loss of wages from that job, the student is entitled to compensation for the hours missed based on the actual rate of pay for 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 (Appendix G)

f) Reporting Procedures and Claims

Social Insurance Numbers (SIN)

Note: Since accident reporting procedures require students' SIN, all students involved in co-op or work experience are required to have a SIN before beginning the placement. SIN's must be collected for OYAP participants and registrants to be submitted in the Employment Information Ontario system. (Appendix I)

Employer's Report of Injury/Disease (Appendix G - Form 7)

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 do not 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 Ontario School Boards Insurance Exchange (OSBIE) 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 will be accessed in Co-op Writer and must be sent by the Superintendent of Business for submission to the to the Workplace Safety Insurance Board and Ministry of Education.

Insurance

Students who are participating in an experiential learning program are covered under Grand Erie's Comprehensive General Liability Insurance while engaged in their duties at the employer's workplace. The student and employer are protected against a lawsuit arising out of the negligent acts of the student while they are performing the duties specified in the work program.

The liability coverage also extends to protect against accidental damage to an employer or customer's property while it is in the care, custody and control of the student while performing their duties within the experiential learning program.

Theft or vandalism is not covered. Coverage does NOT extend to protect the employer and other employees for their negligent acts, or for the operation of any automobile licensed for the road.

Coverage is for liability only and does not cover medical expenses arising from a student's injury at the workplace. The student is covered by the Workplace Safety Insurance Board (WSIB) arranged by the Ontario Ministry of Education.

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 an experiential learning student to work after hours. As this activity is not part of the Experiential Learning program, there is no coverage through the Grand Erie' liability insurance.

a) Student Accident Insurance

Grand Erie 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 to students and parents/caregivers. Information regarding Student Accident Insurance packages is available on the board's website: <https://granderie.ca/board/familysupports/accident-insurance>.

b) Non-Owned Automobile Coverage

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

- 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/caregivers 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 F.

- Driving a Non-Owned Automobile

- i) Liability Insurance

Grand Erie 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).

- ii) 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 Experiential Learning 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.

- iii) Damage to Property of Employers
Grand Erie'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/caregivers 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 F.

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.

Risk Management

- a) Ontario School Boards Insurance Exchange (OSBIE)
- The co-operative education or work experience program must be clearly described before placement is made.
 - Work sites must be visited to watch for work environment hazards, poor housekeeping, lack of safety culture etc.
 - Ensure students understand that they are responsible for their own transportation to/from the workplace
 - Employers are responsible for supervising and training students, both for the protection of the students, and for the protection of the employer.
 - 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.
 - Students on experiential learning placement should not be allowed to drive vehicles.
 - Employers must 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.
 - However, we strongly recommend that students not be permitted to drive vehicles of any kind at experiential learning placements. This includes forklifts, ATVs, golf carts, snowmobiles, ride-on lawn equipment, etc. as well as vehicles licensed for the road.
- b) High Risk Placements:
- Exposure to Infectious Diseases
Certain 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 Experiential Learning teacher is advised to investigate the need for vaccinations or tests with the employer. 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 identified by the teacher, the teacher should seek guidance from their school administration to decide if any additional pre-placement action is required.
 - Emergency Services Placements
Experiential Learning placements with emergency services, i.e., police, ambulance, security, or firefighting crews involving observation in facilities and/or emergency vehicles that may result in 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.
- Placements Requiring Specialized Training
Specialized training will be required for placements involving roofing, confined spaces, farming with machine operations, equestrian, or livestock placements. Students involved in placements requiring specialized training must have a completed High Risk Experiential Learning Placement Activity Form (Appendix K) and receive the same training as employees.

Student Assessment and Evaluation

a) Student's Co-operative Education Learning Plan

The Student's Co-operative Education 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. Co-operative Education and Work Experience students must have 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.

The learning plan must be developed within the first three weeks of the placement. There must be a separate learning plan for each related course which must include the learning expectations for that course and for OYAP students it must also include the relevant trade standards. Please refer to Appendix E for a copy of the Student's Cooperative Education Learning Plan.

Students become OYAP students only once they have been entered as a registrant or participant in the Ministry database. Students must keep their provincial OYAP card (auto-populated and printed from Co-op Writer) 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 and/or Ontario College of Trades inspector who may request proof that the student is abiding by the trade regulations.

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) Granting of Credits

Please refer to pages 46 and 47 of [Co-operative Education, Grades 11 and 12, 2018](#).

Co-op Credits Earned Per Semester

The maximum number of credits that can be earned during a semester must be outlined in the Student's Co-operative Education Learning Plan(s) before the commencement of the co-op course. With respect to the integration of student learning throughout the course, teachers should consider a wide range of integration activities that will support the achievement of the curriculum expectations. These integration activities and the time required will vary depending on the needs of the student and the nature of the community component. Learning activities delivered through classroom or e-learning instruction and assignments may extend into the community component, through interactions between the student, the co-operative education teacher, and the placement employer or placement supervisor in the community.

Forms

The following appendices and RMAs are referenced in this manual. The links provided below are to be viewed as examples only. The most up-to-date forms are to be accessed through Co-op Writer.

[Appendix A – Co-operative Education and Work Experience Roles and Responsibilities Acknowledgement Form](#)

Co-operative Education/Work Experience Roles & Responsibilities Acknowledgment form highlights the responsibilities of the student, the employer/supervisor and the co-operative education teacher.

[Appendix B – Training Station Hours](#)

This form is used to collect data for an annual report by school boards to the Ministry of Education and must be auto-completed in Co-op Writer tied to time-tracker submissions. Completed forms must be printed and signed by the Principal and retained in secure storage at the school for a minimum of six years for WSIB audit purposes. This requirement must be completed in Co-op Writer no later than one week following the completion of each semester including summer placements.

[Appendix C – Work Education Agreement \(WEA\)](#)

This is an official contract that must be completed for each student prior to the student starting their work placement. The form must be completed, signed, and filed at the school. The form is to be produced in Co-op Writer.

The Agreement must be signed by:

- the student,
- the student's parent/guardian if student is under 18,
- the employer/supervisor,
- the Experiential Learning teacher.

[Appendix D – Placement Assessment Checklist \(PAC\)](#)

The Experiential Learning teacher must conduct an assessment of each placement, including placements at businesses or institutions owned and operated by students' families. The placement assessment checklist is used by the teacher to ensure the suitability of the placement for the student and to ensure that health and safety standards are in place.

[Appendix E – Student Co-operative Education Learning Plan](#)

The Experiential Learning Program Manual is where system plans/processes, resource documents/manuals, software such as Co-op Writer, and/or forms are approved with the requirement that all schools are to access and use them as required.

The Student's Co-operative Education 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. Co-operative Education and Work Experience students must have Student's Co-operative Education 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.

[Appendix F – Restitution Form Letter](#)

This letter is a board-approved form letter that may be used in cases of property damage at a placement.

Appendix G – Workplace Safety & Insurance Board (WSIB) Form 7

The most recent version of the Ministry approved Form 7 will be found in Co-op Writer and should be completed online.

Appendix H – WSIB Treatment Memorandum Form

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.

Appendix I – Acknowledgement of Authorization to Collect SIN number

The Ontario Ministry of Education authorizes the Grand Erie District School Board's Experiential Learning teachers to collect the Social Insurance Number (SIN) of those students participating in an experiential workplace situation. This collection is required in order to complete the Workplace Safety and Insurance Board's *Employer's Report of Injury/Disease Form 7* should it be required and is a requirement for OYAP.

Appendix J – WEA Extension Form Agreement – Extended Hours of Placement

The WEA form should only allow for 15 minutes extra before or after the planned workday. For special circumstances, the WEA extension form (Appendix J) must be completed. i.e. attending a trade show outside of regular hours.

Appendix K – RMA Waiver – Consent Student Involvement in High Risk Experiential Learning Placement Activities Supervised by a Qualified Teacher

To be completed when the experiential learning placement is located on school board property, requires student to participate and assist in the supervision of students during high risk activities and supervised by Grand Erie staff members.

Appendix L – RMA - Student Transportation to Experiential Learning Placements

To be completed when students whose experiential learning placement requires them to operate a non-owned (company) vehicle.

Appendix M – RMA - Student Transportation by Workplace Supervisor

To be completed in order for an authorized workplace supervisor driver to transport a student who is required to travel as part of conducting business during their experiential learning placement.

Appendix N – RMA - Declaration by Workplace Supervisor of Vehicle Fitness and Insurance Coverage

Grand Erie discourages student operation of employer vehicles, but when required as a consideration of employment, this must be completed.

Appendix O – Work Education Placement During COVID-19 Pandemic

All Grand Erie District School Board experiential learning students must complete COVID-19 Infectious Awareness Training provided by their teacher before attending their placement.

Appendix P – Community Engagement Placement Roles and Responsibilities

Outlines the responsibilities and liabilities and must be signed by all parties before placement starts.

Appendix Q – Community Engagement Placement Learning Plan

The Community Engagement Placement Learning Plan 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 practice the individual goals documented in their Individual Education Plan (I.E.P.)

APPENDIX A



Co-operative Education and Work Experience Roles and Responsibilities

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

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

STUDENT	EMPLOYER/SUPERVISOR	CO-OPERATIVE EDUCATION TEACHER
HEALTH AND SAFETY		
<ul style="list-style-type: none"> Comply with all company rules pertaining to appropriate work attire, safety codes, work schedule, and health and safety policies Notify the co-op teacher promptly of safety concerns or problems that cannot be resolved by the placement supervisor Ensure you have Health Card coverage before starting work 	<ul style="list-style-type: none"> Provide a safe working and learning environment Provide orientation and workplace health and safety training Sign the Work Education Agreement to identify who provides WSIB student coverage Are familiar with and follow accident reporting procedures Provide placement specific safety training Provide adequate and appropriate insurance for vehicles driven by or occupied by students while the student is involved in placement activities as per board policy 	<ul style="list-style-type: none"> Follow the school board's placement procedures for all community-based learning programs Assess placements for suitability Assess whether placement supervision is appropriate Provide health and safety instruction and information on insurance coverage Follow Workplace Safety and Insurance Board and school board procedures for accident reports
STUDENT ASSESSMENT AND EVALUATION		
<ul style="list-style-type: none"> Participate in the development and implementation of a Co-operative Education Learning Plan Participate with your supervisor and teacher in performance review Keep a Daily Activity Report as well as a record of your experience as required by the co-op teacher 	<ul style="list-style-type: none"> Provide students with written or oral feedback after an employment interview as part of the learning experience Help develop the Student's Co-operative Education Learning Plans by identifying workplace applications Assist the co-operative education teacher in developing realistic and challenging Co-operative Education Learning Plans for their students Become familiar with students' strengths and the areas in which improvement is needed Jointly assess student progress with teachers, and provide written performance appraisals 	<ul style="list-style-type: none"> Develop a Co-operative Education Learning Plan for each student in collaboration with the student and the supervisor Make regular on-site learning assessments of students at their placements as per curriculum expectations Assess and evaluate student performance Update and adjust students' placement learning plans as required to include added responsibilities and expectations Keep dated, anecdotal records on student placement learning assessment including approved changes in job responsibilities
ACCIDENT REPORTING PROCEDURES		
<ul style="list-style-type: none"> Report immediately to the Supervisor and Co-operative Education teacher any personal injuries that happen during placement 	<ul style="list-style-type: none"> If student is unable, report accident immediately to the student's Co-operative Education teacher 	<ul style="list-style-type: none"> Complete forms and send by email to the executive assistant to the Superintendent of Business within 24 hours' notice of the accident as per HR 121.

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

_____	_____	_____
Date	Student Name	Student Signature
_____	_____	_____
Date	Parent Name	Parent Signature (for students under 18 years of age)
_____	_____	_____
Date	Supervisors Name	Signature of Supervisor

MUST BE SIGNED BY ALL PARTIES BEFORE PLACEMENT STARTS

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX B



Report of Training Station Hours

Report School _____

Experiential Learning Teacher _____

Reporting Period From: _____ To: _____

Student Name (alphabetically)	Placement Name	Number of Hours		
		WSIB MOE Paid Non-school placements	WSIB Employer Paid Non-school placements	Grand Erie Teacher Supervised placements
Total (this page)				
GRAND TOTALS				

Date

Experiential Learning Teacher Signature

Date

Principal Signature

File Location & Retention:
Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX C



Ministry of Education

Work Education Agreement

Instructions

The Ministry of Education provides workplace safety and insurance coverage under the *Workplace Safety and Insurance Act, 1997* for Ontario pupils participating in work education or experiential learning programs who are 14 years of age or older and not receiving wages. The ministry's policy regarding this coverage is set out in Policy/Program Memorandum (PPM) No. 76A.

This agreement must be completed prior to a student starting the work placement component of a work education or experiential learning program. A separate agreement must be used for each student.

The information contained in this agreement will be used by the District School Board to maintain the placement record of a student participating in a work education or experiential learning program. The board will provide a copy of this agreement to the ministry and the Workplace Safety and Insurance Board in the event of a workplace injury or disease, along with the Employer's Report of Injury/Disease (WSIB Form 7). The ministry may also use the information in this agreement to verify eligibility for coverage under the ministry's policy.

Definitions

Board means the school board that is a party to this agreement.

Ministry means the Ontario Ministry of Education.

Placement employer means the person representing the business or organization with which the student is placed for the purposes of the work education or experiential learning program.

Placement supervisor means the individual or individuals designated by the placement employer to supervise and guide the student's learning.

Work education programs (also referred to as experiential learning programs) are programs that encompass short-term opportunities such as work experience, longer-term opportunities such as cooperative education, and placements that may comprise all or part of some students' individualized programs in Supervised Alternative Learning (SAL).

Work placement means the working component of the work education or experiential learning program, where the student is performing duties and/or tasks assigned to them by the placement employer or placement supervisor.

WSIA means the *Workplace Safety and Insurance Act, 1997*.

WSIB means the Workplace Safety and Insurance Board.

General Conditions

1. The board has approved a work education or experiential learning program for students in its schools.
2. The placement employer and the student have agreed to participate in a work education program or experiential learning program on the terms and conditions herein set forth.
3. Any party to this agreement may, with or without cause, terminate this agreement with notice in writing to the other parties.
4. During the hours of the work placement indicated in this agreement, the student will be under the supervision of the placement employer or placement supervisor. However, at times that are mutually agreed upon with the placement employer or placement supervisor, board representatives will be allowed access to the work placement and the student.
5. The placement employer agrees that the duties and/or tasks that comprise the student's learning during the work placement will in no way affect the job security of any full-time employee.
6. Where the student is not receiving wages, or the student is receiving wages but WSIA coverage is not provided by the placement employer, then, pursuant to the *Education Act*, the student, for the purposes of coverage, will be deemed to be an employee of the ministry upon the execution of this agreement and the commencement of duties and/or tasks by the student at the work placement. WSIB coverage will be provided by the ministry under Schedule 1 of the WSIA.
7. Where the student is receiving wages from the placement employer when participating in a work education or experiential learning program, and the placement employer is an employer who is required to provide, or who has applied for, WSIB coverage, then the placement employer is considered to be the employer under the WSIA and is responsible for providing WSIA coverage and reporting claims to the WSIB.

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

Frequently Asked Questions

What ensures Workplace Safety and Insurance Board coverage?

To ensure coverage under the WSIA, a Work Education Agreement form must be completed by the parties concerned before the student begins the work placement with the placement employer.

Who is Covered?

Coverage under the WSIA is provided for all students who participate in work education or experiential learning programs administered by a board.

Who provides coverage?

- **Where students do not receive wages**, the ministry is considered the employer for purposes of WSIA coverage, and provides the coverage. (This is also the case when a board or a school is the placement employer.)
- **Where students do receive wages**, the placement employer is considered the employer under the WSIA and is responsible for providing coverage. If the placement employer is one of the few types of businesses that are not required to register for WSIA coverage, such as banks, the ministry is considered the employer for purposes of WSIA coverage, and provides the coverage.

When are students covered?

Coverage under the WSIA applies only to the hours of the work placement stated in the WEA form (or the modified hours stated in an addendum to the agreement, made in accordance with PPM No. 76A), where the student is performing assigned duties and/or tasks under the supervision of the placement employer or placement supervisor. Students are generally not covered while they are travelling to and from the work placement.

What types of benefits are payable?

Under the WSIA, employees who have sustained a workplace injury or contracted a disease are eligible to receive benefits, such as compensation for loss of earnings and permanent impairments, and health care and rehabilitation services. More information on these benefits can be found on the WSIB website.

When is a Workplace Safety Insurance Board report required?

A student who sustains an injury or contracts a disease, however minor, during the work placement component of a work education or experiential learning program should report the injury or disease to the placement employer and/or placement supervisor, and to the appropriate teacher. The student's report should include full details, such as the time, place, and precise circumstances under which the injury was sustained or the disease contracted. A work-related injury or disease requiring only first-aid treatment does not have to be reported to the WSIB; however, the board must keep a record of such an injury or disease. If treatment (beyond first aid) is required from a health care professional, or if an injury or disease results in loss of time from the work education or experiential learning program, then a report must be sent to the WSIB, along with a copy of the WEA.

What are the reporting procedures in the case of a workplace injury or disease?

In the event of a workplace injury or disease that requires treatment from a health care professional and/or results in lost time from the placement, the board representative (for ministry-covered placements) or the placement employer representative (for employer-covered placements) must submit the WSIB's Employer's Report of Injury/Disease (Form 7) to the WSIB. The Form 7 report, along with a copy of the WEA, must be submitted within **3 business days** of the student's reporting the injury or disease to the school, and must be received by the WSIB within **7 business days** of the student's report to the school.

The reporting procedures required for situations in which the ministry provides coverage for WSIB benefits are detailed in [PPM No. 76A](#).

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)



Ministry of Education

Work Education Agreement

Cooperative education Other work education or experiential learning program

District School Board _____ Date Completed (yyyy/mm/dd) _____

1. Parties to the Agreement

Student

Last Name	First Name	Middle Initial	Age
-----------	------------	----------------	-----

Current Address

Unit Number	Street Number	Street Name	PO Box
-------------	---------------	-------------	--------

City/Town	Province	Postal Code
-----------	----------	-------------

Home Telephone Number	Mobile Telephone Number
-----------------------	-------------------------

If the student is enrolled in a cooperative education course, please complete the following:

Cooperative Education Linked to a Related Course (or Courses)

Name of Related Course (or Courses): _____

Creating Opportunities through Co-op, Grade 11, Open (DCO30)

Work Placement

Name of Business or Organization _____

Sector	Name of Placement Supervisor
--------	------------------------------

Email Address of Placement Employer or Placement Supervisor _____

Work Placement Address

Unit Number	Street Number	Street Name	PO Box
-------------	---------------	-------------	--------

City/Town	Province	Postal Code	Telephone Number
-----------	----------	-------------	------------------

School

Name of School	Name of Teacher
----------------	-----------------

School Address

Unit Number	Street Number	Street Name
-------------	---------------	-------------

City/Town	Province	Postal Code	Telephone Number
-----------	----------	-------------	------------------

2. Specific Time at Placement

Period of Agreement

The student shall, from _____ to _____ faithfully, honestly and diligently perform the duties
 Date (yyyy/mm/dd) Date (yyyy/mm/dd)

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

and/or tasks related to their learning at the work placement as _____
Job Title

and devote their whole time and attention to such work placement during the hours hereunder prescribed.

Work Placement Hours

The normal hours at the work placement shall be from _____ to _____

Schedule

Identify the days of the week when the student will be at the work placement (or attach student's schedule):

3. Workplace Safety and Insurance Act (WSIA) Coverage

Coverage under the WSIA will be provided for the work placement by:

<p>Placement Employer</p> <p><input type="checkbox"/> For the entire period of the work placement as specified in section 2 of this agreement</p> <p><input type="checkbox"/> For the period between _____ and _____ Date (yyyy/mm/dd) Date (yyyy/mm/dd) (inclusive)</p>	<p>Ministry of Education</p> <p><input type="checkbox"/> For the entire period of the work placement as specified in section 2 of this agreement</p> <p><input type="checkbox"/> For the period between _____ and _____ Date (yyyy/mm/dd) Date (yyyy/mm/dd) (inclusive)</p>
--	---

The following information is for data collection purposes. It is to be completed by the school/board at end of the work placement:

Number of work placement hours for which WSIA coverage has been provided:

<p>By the Placement Employer</p> <p>School year: 20 ____ - 20 ____ Hours: _____</p>	<p>By the Ministry of Education</p> <p>School year: 20 ____ - 20 ____ Hours: _____</p>
---	--

4. Signatures of Parties to the Agreement

Student Name	Student Signature	Date (yyyy/mm/dd)
Parent/Guardian Name	Parent/Guardian Signature	Date (yyyy/mm/dd)
Placement Employer/Supervisor Name	Placement Employer/Supervisor Signature	Date (yyyy/mm/dd)
Teacher Name	Teacher Signature	Date (yyyy/mm/dd)

The original signed copy of this agreement should be retained by the school/board. Each party to this agreement should be provided a copy of the signed agreement.

Notice of Collection of Personal Information

The personal information in this form is being collected by the school board consistent with subsection 29(1) of the *Municipal Freedom of Information and Protection of Privacy Act* for the following purposes:

- Maintaining a placement record at the board of a student participating in a work education or experiential learning program.
- Confirming whether workplace safety and insurance coverage for students would be provided by the Ministry of Education or the placement employer in accordance with PPM No. 76A made under subsection 8(1) paragraph 9 of the *Education Act*.

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

The personal information in this form will also be shared by the board with the ministry in accordance with the authority for indirect collection of personal information by the ministry in subsection 8.1(1) of the *Education Act* for the following purposes:

- Supporting the process of making a claim to the WSIB in accordance with sections 21 and 22 of the *Workplace Safety and Insurance Act, 1997* in the event of a workplace injury or disease.
- Confirming eligibility for workplace safety and insurance coverage under the ministry's policy.

For inquiries regarding the school board's use of personal information in this agreement, contact the:

Role	Department Name
School Board Name	Telephone Number

Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

For inquiries regarding the ministry's use of personal information in this agreement, contact the Director, Program Implementation Branch, Ministry of Education at (416) 844-2709, 315 Front St. W., 13th Floor, Toronto ON M7A 0B8.

[Print Form](#)

[Clear Form](#)

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)



APPENDIX D

Placement Assessment Checklist

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

Placement Representative Responses

PART ONE: ORIENTATION	YES	NO
1. Does the company have Employment Policies & Procedures?		
2. Does the company have a Harassment Policy?		
3. Will the student be provided with an orientation of the facility, personnel, and procedures? e.g., fire alarm procedures		
4. Is the supervisor familiar with accident reporting procedures for the student?		
5. Will the student be working at additional placement sites? If yes, will transportation be provided?		
6. Does the company have any restrictions (e.g., clothing, piercing, immunization, security checks) unique to this placement? Details:		
7. Is a qualified/accredited employee willing and available to act as a supervisor and to follow the student's progress		
8. Will this placement provide the student with a variety of learning experiences?		
9. Will the student be required to operate mobile equipment or motorized vehicles? If yes, identify mobile equipment or motorized vehicle(s) to be used:		
Will the student be trained before use?		
Have appropriate Board provided vehicle forms been completed?		

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	YES	NO
1. Is the business able to accommodate students with special needs? (e.g., wheelchairs, tools)		
2. Are there handicapped accessible washroom facilities?		
PART THREE: HEALTH AND SAFETY	YES	NO
1. Is there a health and safety policy at the workplace including employer specific COVID protocol requirements? If yes, is the policy posted?		
2. If needed, is there an Eye Wash and Shower station?		
3. Is there a Joint Health and Safety Committee? (20 or more employees)		
4. Is there a Workplace Health and Safety Rep.? (6 – 10 employees)		
5. Are copies of the Ontario Workplace Health and Safety Act and employer COVID protocol readily available?		
6. Are health and safety posters displayed?		
7. Will the student participate in relevant health and safety orientation and training including COVID requirements? If no, provide explanation:		
PART FOUR: CHEMICAL RISKS	YES	NO
1. Will the student be required to work with hazardous material? If yes, continue: List substances that may be used:		
2. Do all hazardous material containers carry WHMIS labels?		
3. Are the Safety Data Sheets readily available (SDS)?		

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

4. Are the WHMIS posters displayed in the workplace?		
5. Will student receive necessary training and/or certification where appropriate?		
PART FIVE: PHYSICAL RISKS		YES NO
1. Will the student be required to work with hand tools?		
2. Will the student be required to work with mechanically controlled devices/tools?		
If yes to 1 or 2, is the equipment fitted with protective devices, safety devices and mechanisms?		
3. Will the student be trained on the proper use of the safety devices?		
4. Will the student be required to wear personal protective equipment (PPE)?		
5. Will the student be required to work in an enclosed space?		
If yes, will the student be trained on confined spaces, use of ladders, ramps, harnesses etc.		
Specify:		
PART SIX: ERGONOMIC HAZARDS		YES NO
1. Will the student be required to lift heavy loads or perform repetitive motion tasks?		
If yes, continue:		
2. Are there rules in place for lifting? (e.g., weight limits, # of consecutive lifts, passageways clearing)		
3. Is lift equipment used in the workplace?		
4. Will the student be trained on proper safety procedures for using such equipment?		
5. Will the student be trained on practices to prevent strain injury?		
PART SEVEN: BIOLOGICAL HAZARDS		YES NO
1. Within the assigned duties, will the student be exposed to biological hazards? (e.g., animals, plants, insects, liquids, organic materials, infectious diseases, raw foods, body fluids, other)		
If yes, specify:		
2. Will the student be required to wear personal protective equipment (PPE)?		
3. Is a sink and hot water readily available?		
4. Will the student receive training on the proper handling of biological hazardous materials?		
5. Will the student be required to be vaccinated?		
If yes, list vaccinations:		
PART EIGHT: PLACEMENT ACCOMMODATIONS: List any special accommodations		
PART NINE: EMPLOYER SPECIFIC TRAINING TO BE PROVIDED		Scheduled date
PART TEN: ADDITIONAL STUDENT OR PLACEMENT SPECIFIC NOTES (e.g., protective gear required if employer is not providing, police check)		

Placement Representative Name: _____ Date: _____

Information verified and recorded by:
 School Board Representative Name: _____ Date: _____

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

File Location & Retention:
Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX E



Student Co-operative Education Learning Plan

Student Information

Student Name: _____ **Date:** _____

Student Email: _____ **Student Phone:** _____

IEP:

Course name(s)	Course Code(s)	Credit Value	Grade Level	Type	Policy Document
----------------	----------------	--------------	-------------	------	-----------------

Community Partner/Organization

Name _____ **Supervisor:** _____

Address _____

Placement Information

Job title _____ **OYAP:** _____

The learning plan 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 learning plan. 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 for 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

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

- 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

Accommodations

Example:

- Provide additional time for the completion of written work
- Provide positive reinforcement for appropriate behaviour
- Incorporate opportunities for use of higher-level thinking

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

Student: Job Title: School: Teacher:

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: (Examples)

- Work in a courteous, responsible and business-like manner and show appropriate initiative
- Observe and comply with the rules and regulations of the placement, including confidentiality requirements
- Comply with school attendance policies in the placement
- Inform the placement supervisor in advance if unable to report to the placement
- Work with teachers and supervisors to ensure that problems are dealt with immediately
- here is an employer expectation for ABC
- another one
- and another

SECTION 5: EXPECTATIONS AND PLACEMENT OPPORTUNITIES

This Student Cooperative Education Learning Plan (SCELP) 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 SCELP 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
<ul style="list-style-type: none"> • demonstrate an understanding of workplace health and safety rules, including placement specific workplace health and safety considerations and the procedure for reporting accidents 	<ul style="list-style-type: none"> • complete a workplace Health and Safety questionnaire/ assignment • complete a placement safety assignment
<ul style="list-style-type: none"> • reflect on and analyze their placement experiences and relate the placement experience both to curriculum expectations of the related course and to the expectations related to cooperative education 	<ul style="list-style-type: none"> • complete a placement communication assignment communicate using the terminology of the placement

Employer:

Placement Supervisor:

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

The student will:

Related Course Expectations (Overall and specific Expectations)	Opportunities at the Placement (description of tasks to be performed at the workplace)

PLACEMENT COMPONENT PERFORMANCE APPRAISAL

LEVEL 1 (50-59)

- uses procedures, equipment and technology safely and correctly **only with** supervision
- applies ideas and skills in familiar contexts with **limited** effectiveness
- makes connections with **limited** effectiveness
- transfers concepts, skills to procedures to new context with **limited** effectiveness

LEVEL 2 (60-69)

- uses procedures, equipment and technology safely and correctly **with some** supervision
- applies ideas and skills in familiar contexts with **moderate** effectiveness
- makes connections with **moderate** effectiveness
- transfers concepts, skills to procedures to new context with **moderate** effectiveness

LEVEL 3 (70-79)

- uses procedures, equipment and technology **safely and correctly**
- applies ideas and skills in familiar contexts with **considerable** effectiveness
- makes connections with **considerable** effectiveness
- transfers concepts, skills to procedures to new context with **considerable** 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 context with **a high degree** of effectiveness

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)



Grand Erie District School Board

Education Centre: 349 Erie Avenue, Brantford, Ontario N3T 5V3

519-755-6301 | www.granderie.ca | info@granderie.ca

APPENDIX-F

Restitution Form Letter

Date ¶
 ¶
WITHOUT-PREJUDICE ¶
 ¶
 Parent/Guardian Name ¶
 Student Name ¶
 Street Address ¶
 City, ON Postal Code ¶
 ¶
 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 (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, ¶
 ¶
 Executive Assistant to the Superintendent of Business and Treasurer ¶
 ¶
 cc: → School Principal and Experiential Monitor Co-op Monitor ¶
 ¶



File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX G

wsib cspa **ONTARIO** **print** **reset** **APPENDIX G** **7** **Employer's Report of Injury/Disease (Form 7)**

Please PRINT in black ink

A. Worker Information

For 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 if this worker is a: executive elected official owner spouse or relative of the employer

Last Name First Name Worker Reference Number

Address (number, street, apt., suite, unit) City/Town Province Postal Code

Worker's preferred language: English French Other

Sex: M F Date of Hire: dd mm yy

B. Employer Information

Title and Legal Name (if different provide both) **MINISTRY OF EDUCATION (c/o Grand Erie DSB)** Check one: Firm OR Account Number: **250379-FJ**

Mailing Address: **349 Erie Avenue** Rate Group Number: **2** Classification Unit Code

City/Town: **Brantford** Province: **ON** Postal Code: **N6T 5V0** Telephone: **519-756-6301**

Description of Business Activity: **Does your firm have 20 or more workers?** yes no **519-759-0895**

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

1. Date and hour of accident/Awareness of illness: dd mm yy AM/PM

2. Who was the accident/illness reported to? (Name & Position) Telephone Ext.

3. Was the accident/illness: Sudden Specific Event Occurrence, Gradually Occurring Over Time, Occupational Disease, Fatality

4. Type of accident/illness: (Please check all that apply) Stack/Caught, Overexertion, Repetition, Fire/Explosion, Fall, Steam/Hot Substances/Environmental, Assault, Slip/Trip, Motor Vehicle Incident, Other

D. Health Care

1. Did the worker receive health care for this injury? yes no

2. When did the employer learn that the worker received health care? dd mm yy

3. Where was the worker treated for this injury? (Please check all that apply) On-site health care, Ambulance, Emergency department, Admitted to hospital, Health professional office, Clinic, Other

Name, address and phone number of health professional or facility who treated this worker (if known)

E. Lost Time - No Lost Time

1. Please choose one of the following indicators. After the day of accident/awareness of illness, this worker: Returned to his/her regular job and has not lost any time and/or earnings, Returned to modified work and has not lost any time and/or earnings, Has lost time and/or earnings

2. This Lost Time - No Lost Time - Modified Work information was confirmed by: Myself, Other

F. Return to Work

1. Have you been provided with work limitations for this worker's injury? yes no

2. Has modified work been discussed with the worker? yes no

3. Has modified work been offered to the worker? yes no

4. Who is responsible for arranging worker's return to work? Myself, Other

0007A (01/11) A guide to complete this form is available at www.wsib.on.ca next page Page 1 of 4
File Location & Retention: Co-op Office: E+1 (E = completion of placement then transferred to OSR E+6 (E = retirement of student))

wsib cspa **ONTARIO** **print** **APPENDIX G** **7** **Employer's Report of Injury/Disease (Form 7)**

Please PRINT in black ink

C. Accident/Illness Dates and Details (Continued)

7. Did the accident/illness happen on the employer's premises (owned, leased or maintained)? yes no

8. Did the accident/illness happen outside the Province of Ontario? yes no

9. Are you aware of any witnesses or other employees involved in this accident/illness? yes no

10. Was any individual, who does not work for your firm, partially or totally responsible for this accident/illness? yes no

11. Are you aware of any prior similar or related problem, injury or condition? yes no

12. If you have concerns about this claim, attach a written submission to this form. submission attached

D. Health Care

1. Did the worker receive health care for this injury? yes no

2. When did the employer learn that the worker received health care? dd mm yy

3. Where was the worker treated for this injury? (Please check all that apply) On-site health care, Ambulance, Emergency department, Admitted to hospital, Health professional office, Clinic, Other

Name, address and phone number of health professional or facility who treated this worker (if known)

E. Lost Time - No Lost Time

1. Please choose one of the following indicators. After the day of accident/awareness of illness, this worker: Returned to his/her regular job and has not lost any time and/or earnings, Returned to modified work and has not lost any time and/or earnings, Has lost time and/or earnings

2. This Lost Time - No Lost Time - Modified Work information was confirmed by: Myself, Other

F. Return to Work

1. Have you been provided with work limitations for this worker's injury? yes no

2. Has modified work been discussed with the worker? yes no

3. Has modified work been offered to the worker? yes no

4. Who is responsible for arranging worker's return to work? Myself, Other

0007A (01/11) File Location & Retention: Co-op Office: E+1 (E = completion of placement then transferred to OSR E+6 (E = retirement of student)) next page Page 2 of 4

wsib cspa **ONTARIO** **print** **APPENDIX G** **7** **Employer's Report of Injury/Disease (Form 7)**

Please PRINT in black ink

G. Social Wage / Compensation Information

1. Regular rate of pay: \$ per hour

2. Regular rate of pay: \$ per week

3. Other earnings (if not regular wage rate)

4. Work Schedule

5. 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, 3 and 4 is true.

0007A (01/11) File Location & Retention: Co-op Office: E+1 (E = completion of placement then transferred to OSR E+6 (E = retirement of student)) next page Page 3 of 4

wsib cspa **ONTARIO** **print** **APPENDIX G** **7** **Employer's Report of Injury/Disease (Form 7)**

Please PRINT in black ink

K. Add It Item Information

THEY WORKPLACESAFETY AND INSURANCE ACT REQUIRES YOU GIVE A COPY OF THIS FORM TO YOUR WORKER

0007A (01/11) File Location & Retention: Co-op Office: E+1 (E = completion of placement then transferred to OSR E+6 (E = retirement of student)) next page Page 4 of 4

File Location & Retention:
Co-op Office: E+1 (E = completion of placement of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX H

Appendix H



200 Front Street West
Toronto ON M5V 3J1
200, rue Front Ouest
Toronto ON M5V 3J1

**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		
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		
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	dd/jj	mm/mm	
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 Officers/Nom du dirigeant de l'entreprise				Date (dd/mm/yy) (j)/mm/aa	

Please submit your account to the WSIB/Veuillez envoyer votre compte à la CSPAAT.
0156C (07/10)

File Location & Retention:
Co-op Office: E+1 (E = completion of placement) then transferred to CSR E+6 (E = retirement of student)

Appendix H

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 offrant 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.

File Location & Retention:
Co-op Office: E+1 (E = completion of placement) then transferred to CSR E+6 (E = retirement of student)

File Location & Retention:
Co-op Office: E+1 (E = completion of placement) then transferred to CSR E+6 (E = retirement of student)

APPENDIX I



**Statement of Authority to Collect Social Insurance Number
For Students Participating in an Experiential Workplace
Placement**

The Ontario Ministry of Education authorizes the Grand Erie District School Board’s Experiential Learning teachers to collect the Social Insurance Number (SIN) of those students participating in an experiential workplace situation.

This collection is required in order to complete the Workplace Safety and Insurance Board’s *Employer’s Report of Injury/Disease Form 7* should it be required.

School boards, with the assistance of placement employers, must ensure that Workplace Safety and Insurance Board (WSIB) requirements are properly adhered to both prior to and during work placements. If a student sustains a work-related injury or contracts a disease while participating in a work education or experiential learning program, that student is eligible to receive benefits and services through the WSIB. Any injury or disease, however minor, suffered by a student during a work placement must be reported by the student to the placement employer and to the cooperative education teacher. All school board policies and procedures must be followed. If treatment for the workplace injury or disease is required from a health care professional (beyond first aid), or if the injury or disease results in loss of time from the program, a Form 7 report must be sent by the school board representative to the WSIB. Because accident reporting procedures call for students’ social insurance numbers, Grand Erie District School Board students should have or be actively obtaining a SIN number upon acceptance into work education or experiential learning programs and is a requirement for students in the Ontario Youth Apprenticeship Program (OYAP).

I acknowledge that a Social Insurance Number (SIN) is necessary and will be collected by the experiential learning teacher per Grand Erie District School Board requirements.

Date	Student Name	Student Signature
Date	Parent Name	Parent Signature (for students under 18 years age)

APPENDIX J



Experiential Learning Guidelines

**Work Extension Form Agreement
Section B, Item #2 – Extended Hours of Placement**

This is to confirm that _____ will be working additional hours beyond those specified in the Work Education Agreement, for additional experience or to complete the required hours.

Listed below are the dates and times that the student will work. During this period the student will be covered under the Ministry of Education’s Worker’s Compensation policy provided student is participating in an experiential learning capacity.

Date	Starting Time	Finishing Time	Total Hours/Day
Total Hours			

	Print Name	Signature	Date
Student			
Workplace Supervisor			
Experiential Learning Teacher			
Parent/Guardian			

- N. B. This form is to be attached to and form part of the student’s completed Work Education Agreement and copied to all respective parties.***
- N.B. Students working in part-time employment situations, are not covered under the MOE and must have their WSIB premiums paid by the employer.***

APPENDIX K



**Risk Management Advisory Waiver/Consent
Student Involvement in High Risk Experiential Learning Placement
Activities Supervised by a Qualified Teacher**

Background:

The Grand Erie District School Board recognizes the value and importance of the school-to-work initiatives which encourage students to work towards a socially responsible future and endeavors to provide assistance and guidance in their pursuit of job skills and experience. Following are guidelines for students and their parents/guardians:

Safety Guidelines:

1. Certain experiential learning placements being requested by our students, due to their very nature, and through no fault of the Board or the Co-op program, pose an element of risk.
2. Students enrolled in experiential learning programs where the work placement is located on school board property and supervised by Grand Erie staff members are covered by WSIB.
3. Students whose job placements require them to participate and assist in the supervision of students during a high-risk activity must have this documented on their learning plan and must submit the following to their teacher/monitor:
 - a) Signed consent by the parent (under age 18) or
 - b) Signed waiver by the student (age 18 or older)
 - c) Student accident insurance will be offered to parents of, or, to students whose job placements require them to participate and assist in the supervision of students during a high-risk activity. The purchase of the insurance is the sole responsibility of the parent/guardian or the student if they are 18 years of age or older.

STUDENT _____ HOME SCHOOL _____

PLACEMENT LOCATION _____ ACTIVITY _____

INHERENT RISKS _____
(attach separate sheet if necessary)

Consent for Participation (students under age 18):

I give permission for my child to participate in the activity named above and I further acknowledge that I am aware the Board does not provide accident insurance for this activity. I have been informed of the risks of this activity and the benefits of obtaining Student Accident Insurance.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Acknowledgement and Waiver of Insurance (students aged 18 or older):

As a student in an experiential learning program, I acknowledge that I have been made aware of the above-mentioned Risk Advisory provisos and fully understand that I am responsible for providing student accident insurance during this placement. I agree to hold the Board harmless for any injuries sustained by myself.

Signature of Student (must be 18 years or older)

Date

Use of personal information collected on this form is authorized under Section 31(a) of the Municipal Freedom of Information and Protection Privacy Act and will be used for the purpose of conducting the experiential learning program outlined in the student's learning plan.

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)



APPENDIX L

**Risk Management Advisory and Consent
Student Transportation to Experiential Learning Placement**

Background:

The Grand Erie District School Board recognizes the value and importance of the school-to-work initiatives which encourage students to work towards a socially responsible future and endeavors to provide assistance and guidance in their pursuit of job skills and experience.

Following are guidelines for students and their parents/guardians:

Safety Guidelines:

1. Students enrolled in experiential learning programs are responsible for their transportation to and from their placements with the exception of certain programs deemed as specialized by the Board.
2. Public transit to and from placements is recommended.
3. Students can only be transported in privately-owned vehicles by staff or volunteers who possess a valid G Licence and a minimum of \$2 million of liability insurance.
4. Students whose job placements require them to operate a non-owned (company) vehicle must have this documented on their learning plan and must submit the following to their teacher/monitor:
 - a) Workplace supervisor acknowledgement and certification that the student's licence is the appropriate classification for operating the non-owned vehicle at the placement and that the workplace has secured appropriate insurance coverage for the non-owned vehicle
 - b) Workplace supervisors will ensure that all students operating a non-owned vehicle are properly trained in its operations and that all vehicles are properly maintained and insured
 - c) Signed consent by the student/parent
5. The insurer of the vehicle must respond to any insurance claims.

Acknowledgement:

STUDENT _____ **HOME SCHOOL** _____

As a student or parent/guardian of a student enrolling in an experiential learning program, I acknowledge that I have been made aware of the above-mentioned Risk Advisory provisos and fully understand that I/we am/are responsible for providing transportation to and from the workplace.

Signature of Student (must be 18 years or older) or Parent/Guardian

Date

Printed Name if signed by Parent/Guardian

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX M



**Student Transportation by Workplace Supervisor
Experiential Learning Placements Requiring On The Job Travel**

This form is for students who are required to travel as part of the Experiential Learning Placement

DATE _____

Student's Name		Workplace Name	
Student's Home School		Workplace Supervisor	
Use of personal information collected on this form is authorized under Section 31(a) of the Municipal Freedom of Information and Protection Privacy Act and will be used for the purpose of conducting the experiential learning program outlined in the student's learning plan.			

The workplace supervisor* named above is permitted to transport the above-named student to regular locations as may be necessary in the course of the experiential learning placement and as outlined in the student's learning plan.

Note: For situations where the worksite placement has a fleet of service/company vehicles used by several employees, it is acceptable to have the workplace supervisor attach a list of vehicles and drivers.

All "Workplace Supervisor Drivers" are advised that, in order to transport students in the course of conducting business during the experiential learning placement, they must:

- a) use a licenced automobile which carries valid third-party liability insurance as required under legislation in the Province of Ontario; and
- b) provide the Board prompt written notice, with all available particulars, of any accident arising out of the use of a licenced automobile during the transport of students on Experiential Learning placement business.

Note: A "Workplace Supervisor Driver" is defined as any person authorized by the Workplace who has agreed to be a driver for a certain aspect of the Workplace placement while they are driving their own or another licenced automobile.

Please Note:

- a) A "Workplace Supervisor Driver" must have a valid "G" licence or a licence valid for the class of vehicle being driven;
- b) Each passenger in the vehicle must wear a seat belt; and
- c) "Workplace Supervisor Drivers" must refrain from smoking and refrain from using a cell phone while transporting Experiential Learning students.

This area must be completed and signed before the placement begins. Transportation as a condition must be indicated on the student's learning plan.

Student's Signature	Parent's Signature	Teacher's Signature	Employer's Signature
Student's Name (printed)	Parent's Name (printed)	Teacher's Name (printed)	Employer's Name (printed)

Copy 1: Student/Parent,
Copy 2: Teacher,
Copy 3: Workplace

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

Driver's Declaration:

I declare that I am licenced to drive in Ontario and my vehicle is insured by valid automobile liability insurance as required by Ontario law.

I further declare that the vehicle is mechanically fit and that there are seat belts in working condition for all passengers.

Vehicle Information*

MAKE _____ **YEAR** _____ **PLATE #** _____

Note – For situations where the worksite placement has a fleet of service/company vehicles used by several employees, it is acceptable to have the workplace supervisor attach a list of vehicles and drivers.

Driver's Licence Number _____
 Driver's Insurance Policy Number _____ Company _____
 Driver's Signature _____ Date _____
 Driver's Name (print) _____ Driver's Title _____

Vehicle Owner's Declaration (if the Driver is not the vehicle owner):

I declare that I have _____ to drive my vehicle authorized _____ (print driver's name) to transport students participating in the experiential learning workplace event(s) as outlined or referred to in the learning plan.

The driver is licenced to carry passengers and is fully insured as a driver under the vehicle liability insurance as required by Ontario legislation.

I further assert that the vehicle is mechanically fit and that there are seat belts in working condition for all passengers.

Owner's Signature _____ Date _____
 Owner's Name (print) _____ Owner's Title _____

Use of personal information collected on this form is authorized under Section 31(a) of the Municipal Freedom of Information and Protection Privacy Act and will be used for the purpose of conducting the experiential learning program outlined in the student's learning plan.

Copy 1: Teacher,
 Copy 2: Workplace

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX N



**Declaration by Workplace Supervisor of Vehicle Fitness and Insurance Coverage
Experiential Learning Placements Requiring Student Use of Employer Vehicle**

The Board discourages student operation of employer vehicles, but when required as a condition of employment will permit when the following declaration is completed and signed.

DATE _____

Student's Name		Workplace Name	
Student's Home School		Workplace Supervisor	
<i>Use of personal information collected on this form is authorized under Section 31(a) of the Municipal Freedom of Information and Protection Privacy Act and will be used for the purpose of conducting the experiential learning program outlined in the student's learning plan.</i>			

The undersigned declares that student operation of the employer vehicle is a requirement of the placement as outlined in the student's learning plan. Each vehicle offered for the student to drive is appropriately licensed and insured, mechanically sound, and contains a working seatbelt for each passenger.

The undersigned parties further declares they have been apprised of the fact that coverage for liability (injury to others or damage to property of others) AND coverage for physical damage to the vehicle being driven by a student is NOT extended to students on work experience programs by the school board's insurance.

The undersigned parties agree to obtain and continue in force vehicle insurance to fully insure the driver under the vehicle liability, including third party liability insurance as required by Ontario legislation for the duration of the placement. The undersigned parties will ensure there are no age restrictions in this policy with respect to student operation of workplace vehicles for the duration of the placement.

The Workplace Supervisor will:

- ensure the student has a valid "G" licence or a licence valid for the class of vehicle being driven;
- advise the student to wear a seat belt and practice defensive driving habits; and
- advise the student that smoking and use of a cell phone while operating the employer's vehicle(s) is prohibited.

This area must be completed and signed before the placement begins. Operation of the Employer vehicle as a condition must be indicated on the student's learning plan			
Student's Signature	Parent's Signature	Teacher's Signature	Employer's Signature
Student's Name (printed)	Parent's Name (printed)	Teacher's Name (printed)	Employer's Name (printed)

Copy 1: Student/Parent,
Copy 2: Teacher,
Copy 3: Workplace

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

APPENDIX O



Work Education Placement During COVID-19 Pandemic Protocol and Inherent Risks

Student Name	
School Arranging Placement	
Employer Name	
Employer Address	
Term of Student Placement (Date-From/To)	
Board COVID-19 Awareness Training Completed (Date)	

Note: All Grand Erie District School Board experiential learning students must complete COVID-19 Infectious Awareness Training provided by their teacher before attending their placement for credit.

Background:

As a condition of the above noted Work Education Placement during the COVID-19 pandemic and in addition to the provisions of the Work Education Agreement and the Placement Assessment Checklist, the parties signing below agree as follows.

Self-Assessment by the Student:

Before each entry into the employer’s facility, the student must conduct a self-assessment for COVID-19 and:

1. Be symptom free of respiratory illness.
2. Have not travelled outside of Canada within the last 14 days from the date of entry to the Employer’s Facility.
3. Have not cared for or had any known contact with an individual with confirmed COVID-19 or COVID-19 like symptoms (fever, new cough, difficulty breathing).
4. A personal risk assessment should be considered if the student:
 - a) Is over the age of 70 and/or is immunocompromised or has underlying health conditions
 - b) Is responsible to provide care for elderly or immunocompromised people

If any of these conditions apply, then the student MUST NOT attend at the employer’s facility and the recommendations of the public health authorities must be followed. Contact your Experiential Learning teacher and the employer to discuss other arrangements that may be made. If, at any time, the student informs their school supervisor and employer that they have been diagnosed or presumptively diagnosed with COVID-19, the employer must inform the Health and Safety Department. Public Health will determine if the site will be closed until approved to reopen.

Physical Distancing and Disinfecting:

1. The student should maintain a 2-metre distance from all persons in the employer’s facility and not congregate in groups. The employer will ensure that the student’s work area allows for the required physical distancing as per the employer’s COVID protocol.
2. Any concerns specific to accessibility barriers should be made in advance of entry and documented on the learning plan. The student and employer will comply with all current provincial legislation in regard to safety during the COVID-19 pandemic.
3. The employer will ensure that sufficient hand sanitizer and hand soap is available on site.
4. The employer will ensure that disinfectant products or wipes are provided in the work areas to clean and

File Location & Retention: Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

- disinfect shared equipment. The student will ensure shared equipment is disinfected before their use.
5. Students will enter and exit the building through an employer designated access point.
 6. The employer will communicate any additional COVID-19 protocols it has in place to the student and the student agrees to follow the additional COVID-19 protocols. For example, the use of any PPE, masks, gloves etc.
 7. A copy of the employer's COVID protocol will be provided for the experiential learning teacher if requested as per the Placement Assessment Checklist.
 8. Student will use hand sanitizer or wash with soap and water immediately upon entering and just prior to exiting the employer's facility and avoid touching eyes, nose or mouth.
 9. Upon arrival, the student will proceed directly to designated work area and avoid touching building fixtures (door handles, etc.) as much as possible.
 10. Students are reminded to:
 - a) Wash your hands well and often with soap and water (don't forget to wash your wrists, under your nails and between your fingers).
 - b) Cough or sneeze into your sleeve or cover your mouth and nose with a tissue and throw the tissue out immediately. Wash your hands afterwards.
 - c) Avoid touching your eyes, nose and mouth with unwashed hands.
 - d) Follow any additional COVID-19 protocols set by the employer.
 - e) Report any unsafe work conditions to your teacher.

Acknowledgement of Inherent Risk:

The parties acknowledge that even with the above safety protocols and any additional employer COVID-19 related protocols in place there remains the risk that they or persons they come in contact with might contract the COVID-19 virus. Inherent risks include but are not limited to cough, fever, difficulty breathing, pneumonia and even death. The risk of contracting the virus can be reduced by carefully following protocols in place and following Provincial legislation. The parties are aware and accept the risks.

The Grand Erie District School Board does not provide accidental death, disability, dismemberment, or medical expense insurance on behalf of the students participating in this activity.

This area must be completed and signed before the placement begins. Transportation as a condition must be indicated on the learning plan.			
Student's Signature	Parent's Signature	Teacher's Signature	Employer's Signature
Student's Name (printed)	Parent's Name (printed)	Teacher's Name (printed)	Employer's Name (printed)

Copy 1: Student/Parent,
 Copy 2: Teacher,
 Copy 3: Workplace



APPENDIX P

Community Engagement Placement Roles and Responsibilities

STUDENT	SUPERVISOR	EXPERIENTIAL LEARNING TEACHER
PROGRAM IMPLEMENTATION		
<ul style="list-style-type: none"> • Work in a courteous, responsible manner and show appropriate initiative • Observe and comply with the rules and regulations of the placement and the school • Comply with school attendance policies in both the placement and classroom sessions • Complete assignments as required • Inform the placement supervisor and experiential learning teacher in advance if they are unable to report to their placements • Complete and demonstrate learning goals as identified on the Student Community Engagement Placement Plan • Work with teachers and supervisors to ensure that problems are dealt with immediately • Ensure you have a Social Insurance Number before starting the placement or have applied for one • Provide your own transportation to and from the work site unless other arrangements are made by the experiential learning teacher • The student should seek clarification if they do not understand task requirements • Adequate communication skills to work in community as required • Follow instructions as described by the employer • Demonstrate adequate personal hygiene as required by the employer • Ensure work attire is appropriate for placement • Ensure placement tasks have been discussed with the teacher and documented in the Community Engagement Plan 	<ul style="list-style-type: none"> • Provide a safe placement and learning environment • One supervisor is to be designated to be responsible for the supervision and evaluation of each student • Provide challenging learning experiences that will encourage personal growth and develop school to community transition strengths • Help students function as an integral part of a team • Direct and guide students' learning through on-site supervision • Acquaint students with company personnel and policies and procedures within the student's competencies in consultation with the student's teacher. • Report student absences to the experiential learning teacher immediately • Contact the experiential learning teacher when concerns arise • Work with students and teachers to ensure that any problems are dealt with immediately • Provide program effectiveness input • Share their expertise with students and teachers • Help students function as an integral part of a team 	<ul style="list-style-type: none"> • Provide a safe placement and learning environment • Promote Community Engagement Placement opportunities and school-work transition programs to students, parents, staff, school councils, and potential employers • Participate in the selection process for students that would benefit from a community-based learning program • Assess placements for suitability • Inform supervisors of their role and responsibilities prior to the start of the student placement • Organize and conduct pre- placement orientation sessions to prepare students • Consult regularly with students, supervisors, guardians and other teachers as necessary • Help students arrange appropriate transportation to their placements • Work with students and supervisors to ensure that any problems are dealt with immediately • Follow the school board's placement procedures for all community-based learning programs • Discuss and document the students' needs and abilities with the placement supervisor to ensure realistic expectations • Consult with the student's supervisor in developing safety training procedures and documentation within the student's ability to comprehend and demonstrate • Assess whether placement supervision is appropriate • Provide health and safety instruction and information on insurance coverage • Follow Workplace Safety and Insurance Board and school board procedures for accident reports • Ensure the student has a Social Insurance Number before placement begins for accident reporting purposes • Notify placement if the student will be absent

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

STUDENT	SUPERVISOR	EXPERIENTIAL LEARNING TEACHER
HEALTH AND SAFETY		
<ul style="list-style-type: none"> Comply with all company rules pertaining to appropriate work attire, safety rules, work schedule, and health and safety policies Notify the experiential learning teacher promptly of safety concerns or problems that cannot be resolved by the placement supervisor Ensure you have a Health Card and coverage before starting work 	<ul style="list-style-type: none"> Provide a safe working and learning environment Provide orientation and workplace health and safety training within the student's competencies Sign the Work Education Agreement for WSIB student coverage Be familiar with and follow accident reporting procedures Provide specific safety training if required based on the student's competencies Provide adequate and appropriate insurance for vehicles occupied by students while the student is involved in placement activities as per board policy 	<ul style="list-style-type: none"> Follow the school board's placement procedures for all community-based learning programs Assess placements for suitability Assess whether placement supervision is appropriate Provide health and safety instruction and information on insurance coverage Follow Workplace Safety and Insurance Board and school board procedures for accident reports Ensure pre-placement learning safety orientation has been provided by the teacher based on the student's tasks at the placement
STUDENT ASSESSMENT AND EVALUATION		
<ul style="list-style-type: none"> Participate in the development and implementation of the Student Community Engagement Placement Plan Participate with your supervisor and teacher in performance review Keep a Daily Activity Report as well as a record of your experience as required by the experiential learning teacher 	<ul style="list-style-type: none"> Provide the teacher and student with written or oral feedback as part of the learning experience Help develop the student's Community Engagement Placement Plan in consultation with the student and teacher Assist in developing a realistic and challenging learning experience for their students Become familiar with students' strengths and the areas that need improvement Jointly assess student progress with teachers and provide written performance appraisals 	<ul style="list-style-type: none"> Develop a Community Engagement Placement Plan for each student in collaboration with the school team and the supervisor Make regular on-site learning assessments of students at their placements as per the Student Community Engagement Placement Plan Assess and evaluate student performance Update and adjust the Student Community Engagement Placement Plan as required to include added responsibilities and expectations Keep dated, anecdotal records on student placement learning
ACCIDENT REPORTING PROCEDURES		
<ul style="list-style-type: none"> Report immediately to the supervisor and experiential learning teacher any personal injuries that happen during placement 	<ul style="list-style-type: none"> If student is unable, report accident immediately to the student's teacher 	<ul style="list-style-type: none"> In the event of an accident where a student requires medical attention by a professional, the supervising teacher must complete required forms and send by email to the executive assistant to the Superintendent of Business within 24 hours' notice of the accident as per HR 121.

The above responsibilities and liabilities have been explained to me and I accept these conditions. I hereby agree to participate in a Community Engagement Placement program of the Grand Erie District School Board.

_____	_____	_____
Date	Student Name	Student Signature
_____	_____	_____
Date	Parent Name	Parent Signature (for students under 18 years of a
_____	_____	_____
Date	Supervisor Name	Supervisor Signature

MUST BE SIGNED BY ALL PARTIES BEFORE PLACEMENT STARTS

File Location & Retention:

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APPENDIX Q



Community Engagement Placement Learning Plan (non-credit)

SECTION 1: Student Information

Student Name: _____ **Date:** _____
Student Email: _____ **Student Phone:** _____
K Course Codes: _____

Emergency Contact Information

Emergency Contact Name: _____ **Relationship:** _____
Emergency Contact Email: _____ **Emergency Phone:** _____

Community Partner/Organization

Name: _____ **Placement Supervisor:** _____
Address: _____

Placement Information

Task Description: _____

The Community Engagement Placement Learning Plan 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 practice the individual goals documented in their Individual Education Plan (I.E.P.)

SECTION 2: ASSESSMENT AND EVALUATION

The community engagement placement student will experience ongoing assessment and evaluation. The results of the assessment and evaluation will reflect their achievement of the goals outlined in their I.E.P. and outlined in subsequent sections of this learning plan. 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/community engagement placement supervisor 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 community engagement placement supervisor. A student's proficiency level will be based on the criteria described in the individual goals documented in their I.E.P.

File Location & Retention:

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SECTION 3: LEARNING STRATEGIES

These may include (but are not limited to):

Accommodations and Modifications**SECTION 4: COMMUNITY ENGAGEMENT PLACEMENT SUPERVISOR EXPECTATIONS**

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

File Location & Retention:

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SECTION 5: EXPECTATIONS AND PLACEMENT OPPORTUNITIES

Community Engagement Placements will be at the discretion of the school administration and the Special Education classroom teacher with an understanding that working independently and the ability to adhere to workplace safety is a requirement before being considered for a placement. This Community Engagement Placement Learning Plan contains the program goals of the I.E.P. that describe the knowledge and skills the student will extend and refine through application and practice at the workplace. The Community Engagement Placement Learning Plan 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 program goals of the I.E.P. and to develop an understanding of current industry practices and standards. Students will be assessed and evaluated throughout their placement on their achievement of these goals.

The student will:

I.E.P. Goals	Opportunities at the Placement

The student will:

Related I.E.P. Goals <i>(Overall and specific Expectations)</i>	Opportunities at the Placement <i>(description of tasks to be performed at the placement)</i>

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)

PLACEMENT COMPONENT PERFORMANCE APPRAISAL	
LEVEL 1	<ul style="list-style-type: none"> • uses procedures, equipment and technology safely and correctly only with supervision • applies ideas and skills in familiar contexts with limited effectiveness • makes connections with limited effectiveness • transfers concepts, skills to procedures to new context with limited effectiveness
LEVEL 2	<ul style="list-style-type: none"> • uses procedures, equipment and technology safely and correctly with some supervision • applies ideas and skills in familiar contexts with moderate effectiveness • makes connections with moderate effectiveness • transfers concepts, skills to procedures to new context with moderate effectiveness
LEVEL 3	<ul style="list-style-type: none"> • uses procedures, equipment and technology safely and correctly • applies ideas and skills in familiar contexts with considerable effectiveness • makes connections with considerable effectiveness • transfers concepts, skills to procedures to new context with considerable effectiveness
LEVEL 4	<ul style="list-style-type: none"> • 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 context with a high degree of effectiveness

File Location & Retention:

Co-op Office: E+1 (E = completion of placement) then transferred to OSR E+6 (E = retirement of student)