

Central Placement Student Information

Student Name: _____

School Name: _____

Co-op Teacher: _____

*Please email this information sheet and a copy of the student's resume to Nancy Callan
ncallan@hwdsb.on.ca*

SECTIONS A & B TO BE COMPLETED BY STUDENT

A. PLACEMENT REQUEST INFORMATION IN ORDER OF PREFERENCE (one form to be completed for each placement employer) *NOTE: Each hospital limited to two placement choices*

Company Name	Position Requested	Supervisor/Placement Contact	AM/PM

Preference for Placement: Semester 1 AM PM SUMMER
 Semester 2 AM PM

B. STUDENT INFORMATION

1. Grade level at time of placement: Year 1 Year 2 Year 3 Year 4 Mature Student

2. Career Goals: _____

3. Describe all volunteer experience: _____

4. List all paid employment & length of employment: _____

TO BE COMPLETED BY THE CO-OP TEACHER or GUIDANCE COUNSELLOR

1.	Related in-school courses:
2.	Overall average of candidate (please check) <input type="checkbox"/> 50-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71-80 <input type="checkbox"/> 81+
3.	Attendance Record – please list the number of days absent last semester:
4.	General comments related to the candidate's suitability for the placement: