

Pre-placement Assessment A

The co-operative education program requires that placements be assessed for their educational value and health and safety considerations.

Student: _____ **Teacher:** _____

School: _____ **Phone:** _____

Community Host Business/Organization: _____

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

Phone: _____

Email: _____

Health and Safety Requirements

- | | | |
|---|--|--|
| <input type="checkbox"/> WHMIS | <input type="checkbox"/> dust mask | <input type="checkbox"/> criminal background check |
| <input type="checkbox"/> OHS | <input type="checkbox"/> hearing protection | <input type="checkbox"/> other security clearance |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> safety gloves | <input type="checkbox"/> Child Abuse Register |
| <input type="checkbox"/> safety boots | <input type="checkbox"/> special clothing | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> safety glasses | <input type="checkbox"/> protective immunization | |

Overall Training and Orientation That Will Be Provided at the Placement

General workplace orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accident procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specific hazard training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use and care of personal protective equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Training and Safety assessment required (If yes, complete Pre-Placement Assessment B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning Environment: Through observation and discussion with the community host, the student's work environment appears to be safe.		
Technology, equipment, and facilities provided at the placement are current.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Range and scope of learning opportunities are available.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environment is free from discrimination, violence, and expressions of hate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance: Community Host requires verification of insurance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning Agreement: Document has been signed by all parties.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Weekly Log: Procedure has been discussed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning Plan and Student Evaluation: Both have been discussed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Placement Date: Placement is recommended and will begin on:

D	D	M	M	Y	Y	Y	Y

Signatures

Community Host: _____ Date: _____

Teacher: _____ Date: _____

Parent/Guardian: _____ Date: _____