



High School Co-op Program: Teacher Recommendation Form

The student indicated below has selected you to complete this recommendation on their behalf for the High School Co-op Program at SickKids. Your effort and comments will help in the initial selection of suitable candidates.

Please return the completed form to your student. Thank you for your support.

Student Name:

Teacher Name:

Teacher Email:

Subject:

Please select the appropriate response

Skill	Excellent	Good	Fair	Needs Improvement	Cannot Comment
Ability to follow instructions					
Adaptability					
Attendance					
Collaboration					
Independence					
Initiative					
Leadership					
Maturity					
Punctuality					
Reliability					
Verbal Communication					
Written Communication					

Do you have any concerns with this student's ability to complete a complete a co-op placement?

Would you recommend this student for the High School Co-op Program at SickKids? If yes, please explain.

Teacher Signature:

Date: