

Please complete this endorsement form on behalf of your student who is applying 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 or their co-op teacher. Thank you for your support.

Student Name:

Teacher Name:

Subject:

Email:

Skill	Excellent	Good	Fair	Needs Improvement	Cannot Comment
Ability to follow instructions					
Attendance					
Collaboration					
Independence					
Initiative					
Leadership					
Maturity					
Participation					
Problem-solving					
Technology proficiency					
Verbal Communication					
Written Communication					

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

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

Teacher Signature

Date