



Personalized Placement Learning Plan  
 Lorne Park Secondary School  
 3124 Lorne Park Road  
 (905) 278-6177

**STUDENT INFORMATION**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Related Course (s): \_\_\_\_\_

Course Code (s): \_\_\_\_\_

Type of Course(s): \_\_\_\_\_

Credit Value(s): \_\_\_\_\_

Ontario Curriculum: Guidance and Career Education

**PLACEMENT INFORMATION**

Job Title: \_\_\_\_\_

Placement: \_\_\_\_\_

Address: \_\_\_\_\_

Placement Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**SCHOOL INFORMATION**

Teacher: Ms. B. Edmonds

Telephone: (905) 278-6177 ext.216

Fax: (905) 278-4011

E-Mail: bianca.edmonds@peelsb.com

**ONTARIO YOUTH APPRENTICESHIP PROGRAM**

Apprenticeship Training Standard Reference: \_\_\_\_\_

Training Standard attached

Registration Number: \_\_\_\_\_

Registration/Starting Date: \_\_\_\_\_

Training Consultant: \_\_\_\_\_

Telephone: \_\_\_\_\_

**COPIES**

Student

Placement Supervisor

Co-operative Education Teacher

Special Education

Related Course

Parents, if student under 18 years

## CLUSTERED EXPECTATIONS

<b>Classroom Component:</b> <i>(includes Pre-Placement, Integration, Independent Study Project)</i>	
<b>Student Expectations</b>	<b>Demonstrations of Learning</b>
Job Readiness	Apply for and obtain co-op placement through interview Produce applications, resumes, cover letters
Health and Safety	Adhere to health & safety practices at placement
Reflective Learning	Reflect on and analyze placement experiences
Rights and Responsibilities	Be open minded and respectful of cultural diversity Contribute to harassment-free environment Maintain confidentiality

<b>Expectations from Related Course(s):</b>	<b>Demonstrations of Learning</b>

<b>Specific Placement Expectations</b>	

<b>Classroom Component</b>	<b>Achievement Chart Categories</b> K/U - Knowledge/Understanding T/I - Thinking/Inquiry C - Communication A - Application
----------------------------	--

Assessment and Evaluation Strategies	Assessment and Evaluation Tools	K/U	T/I	C	A
Assignment	Observation checklist, Rubric				
Assignment/Performance Task Paper and Pencil Task	Observation checklist, Performance Appraisal				

Oral and Written Communication, Self Assessment and Peer Conferencing	Checklist, Rubric				
Written Communication, Observation, Paper and Pencil Task	Observation Checklist				

<b>GWL30 –Designing Your Future</b>					
-------------------------------------	--	--	--	--	--

<b>Assessment and Evaluation Strategies</b>	<b>Assessment and Evaluation Tools</b>				
Performance Task, Paper and Pencil Task	Checklist, Research Rubric, Final Rubric.				
Research, Interview, Observation, Guided Reflections, Paper and Pencil Task	Checklist, Rubric				
Oral Communication, Group Participation, Observation	Checklist, Performance Appraisal, Rubric				
Performance Tasks	Project Management Rubric				
Self Assessment, Research, Interviews, Job-shadowing, Paper and Pencil Task	Checklist, Rubric				


<b>Specific Placement Expectations</b>					
--	--	--	--	--	--


Student's Name: \_\_\_\_\_

Performance Appraisal  
(Completed by Placement Supervisor)

N-Needs Improvement, S-Satisfactory, G-Good, E-Excellent, N/A-Not Applicable

1 <sup>st</sup> appraisal	2 <sup>nd</sup> appraisal	3 <sup>rd</sup> appraisal

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

Accommodations/Modifications (as per student's IEP)

Overall Training and Orientation	Date(s)/Time Frame
<p><b>WHMIS Training</b></p> <p><b>General Workplace Orientation:</b> tour of the workplace, location of fire extinguishers, first aid stations, fire exits, evacuation procedures, MSDS's, staff bulletin boards, etc.</p> <p><b>Other training required by the workplace or identified by the assessment process:</b></p>	

N-Needs Improvement S-Satisfactory G-Good E-Excellent

Evaluation 1	Date:	Learning Skills	N	S	G	E
Supervisor's Comments: (strengths, areas for improvement)		Works independently				
		Teamwork				
		Organization				
		Work Habits				
		Initiative				
		Student's Comments:				
Supervisor's Signature:		Student's Signature				

Evaluation 2	Date:	Learning Skills	N	S	G	E
Supervisor's Comments: (strengths, areas for improvement)		Works independently				
		Teamwork				
		Organization				
		Work Habits				
		Initiative				
		Student's Comments:				
Supervisor's Signature:		Student's Signature				

Evaluation 3	Date:	Learning Skills	N	S	G	E
Supervisor's Comments: (strengths, areas for improvement)		Works independently				
		Teamwork				
		Organization				
		Work Habits				
		Initiative				
		Student's Comments:				
Supervisor's Signature:		Student's Signature				