



**Hastings and Prince Edward
District School Board**

**Record of Cooperative Education Placement
Hours for Apprenticeship Purposes**

Date: _____

School: _____

This letter will verify that _____ has completed a
Cooperative Education Placement as part of the Ontario Youth Apprenticeship Program.

This placement was completed in the following trade: _____

Under the supervision of: _____

Company Name: _____

Company Address: _____

Company Telephone #: _____

During this time he/she has logged _____ Cooperative Education hours.

Verifying Signatures:

Student: _____

Employer: _____

Co-op Teacher/Monitor: _____