



**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: \_\_\_\_\_