

JOB SHADOW CONFIRMATION SHEET



_____ (student name) has permission to attend a job shadow on _____ (date). I understand that this job shadowing experience must be at least three hours long and my child must complete classroom related assignments in order to receive a school related absence. The assignments can be found on the school website under the Student Services section.

I have read the Job Shadowing Day Information Sheet and understand the requirements of this program. I understand that transportation to the work site is the responsibility of the student/parent.

Parent/Guardian Signature

Date

STUDENT INFORMATION

1. Student Name _____
2. Students' names if performing the job shadow with more than one student:

3. Name of Business you will visit: _____
4. Career Field you will observe: _____
5. Job Shadowing Host's Name (first and last): _____
6. Business Address (include address, city, state, zip, phone):

7. Business Phone Number: _____
8. What time will you be there? From: _____ To: _____
9. Don't forget to ask what is the appropriate dress code for this place of employment.
10. Remember to ask about lunch plans if needed.

TURN THIS SHEET INTO MR. WILSON BEFORE PERFORMING THE JOB SHADOW EXPERIENCE. ALL JOB SHADOWS MUST BE **PRE-APPROVED** BY THE COUNSELING DEPARTMENT.