

JOB SHADOW CONFIRMATION SHEET



My child _____ has permission to attend the Job Shadowing Day on _____. I understand that transportation to the work site is the responsibility of the student/parent. My child has permission to ride with _____ (student or parent) to the work site.

Parent/Guardian Signature

Date

STUDENT INFORMATION

1. Student Name _____
2. Name of Business and address you will be visiting: _____

4. Career Pathway and/or Field you will observe: _____
5. Job Shadowing Host's Name (first and last): _____
6. Business Phone Number: _____
7. What time will you be there? From: _____ To: _____
8. Don't forget to ask what is the appropriate dress code for this place of employment.
9. Remember to ask about lunch plans if needed.

TURN THIS SHEET INTO THE HS OFFICE AT LEAST ONE WEEK BEFORE YOUR JOB SHADOW EXPERIENCE.