



## Job Shadowing Experience

Please turn this 1 page form  
into your CTE Instructor prior  
to the experience.

(Site must be approved by CTE Instructor)

Student Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Title: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

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

Company Phone #: \_\_\_\_\_

Time to Report to Site: \_\_\_\_\_

Dress Required: \_\_\_\_\_

CTE Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Student and Parent - Please Read and Sign Below:

While participating in a Job Shadowing Experience, I will represent my school with honor. I anticipate the day to be a beneficial experience in my career decision-making and to network with those in my field of study.

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

My son/daughter has discussed this Job Shadowing Experience with me, and I give my permission for him/her to participate in the activity. I understand that my student is responsible for his/her transportation. I also understand it is my responsibility to communicate, if necessary, any medical needs to the employer and provide an emergency contact phone number.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**CTE Program Name:** \_\_\_\_\_

## Possible Assignments to Complete at Site:

**Student – please take this form with you to your job shadowing site and ensure it is returned for attendance reporting.**

All job shadowing experiences are unique. Some examples of what you might do during the visit include:

- Attend staff meetings
- Conduct informational interviews of both professional and administrative staff
- Tour the facilities
- Observe client interactions
- Complete work-related tasks or assist with projects
- Learn about office policies and procedures
- Explore potential career paths within the organization as well as within the profession
- Review organization mission and vision statement
- Other/specific assignment as designated by CTE Instructor

## **Evaluation of Student (to be completed by site sponsor)**

Was student on time?  YES  NO

YES

NO

YES

NO

Did the student have a good attitude toward the YES NO  
career and toward you as a sponsor?

YES

NO

Arrival Time:  Departure Time:

#### Other (Sponsor) Comments:

Evaluator's (Sponsor) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to student in a sealed envelope or  
Fax to: 740.362.6461.



## Job Shadowing/College Visit Home School Permission Form

(Half Day Students)

To the home school teachers of: \_\_\_\_\_

(Student's Name and Home School)

The above named student would like to participate in a full day job shadowing experience related to his or her chosen career technical education program. This experience will take place on the following day:

Friday, November 16<sup>th</sup>

Monday, November 19<sup>th</sup>

Tuesday, November 20<sup>th</sup>

(Please circle one date)

Your signature below indicates your approval of the student missing your class. Students will be expected to make-up your assigned work unless you advise otherwise.

1) \_\_\_\_\_

5) \_\_\_\_\_

2) \_\_\_\_\_

6) \_\_\_\_\_

3) \_\_\_\_\_

7) \_\_\_\_\_

4) \_\_\_\_\_

8) \_\_\_\_\_

**Student: Please return completed form to your home school attendance office before the date of the event.**