



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

Job Shadowing 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: _____

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: _____

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

Possible Assignments to Complete at Site:

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
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Was student dressed appropriately	YES	NO
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Did the student have a good attitude toward the career and toward you as a sponsor?	YES	NO
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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 16th

Monday, November 19th

Tuesday, November 20th

(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.