

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

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

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

**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

Was student dressed appropriately YES NO

Did the student have a good attitude toward the YES NO

career and toward you as a sponsor?

Arrival Time: \_\_\_\_\_\_\_ Departure Time: \_\_\_\_\_\_\_\_\_

Other (Sponsor) Comments:

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

Please return to student in a sealed envelope or

 Fax to: 740.548.0710



**Job Shadowing 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 March 4, 2020

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.**