



JOB SHADOWING EXPERIENCE PARENT/CAREGIVER PERMISSION FORM

(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: _____

Required Dress: _____

CTE Instructor's Signature: _____ Date: _____

THIS SIGNED FORM MUST BE TURNED IN TO STUDENT'S CTE INSTRUCTOR PRIOR TO JOB SHADOW EXPERIENCE. COMPLETE ONE FORM FOR EACH JOB SHADOW LOCATION.

Student and Parent/Caregiver - 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 student has discussed this Job Shadowing Experience with me, and I give my permission for them to participate in the activity. I understand that my student is responsible for their own 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/Caregiver Signature: _____ Date: _____

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JOB SHADOWING EXPERIENCE STUDENT EVALUATION FORM

Student – please take this form to job shadowing site(s) and ensure it is returned to your CTE Instructor for attendance reporting. Each site you visit must complete a copy of this form. It can be given back to you in a sealed envelope or emailed to your CTE Instructor.

Student Name: _____

CTE Program Name: _____

CTE Instructor Email: _____@delawareareacc.org

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 the student punctual? YES NO

Was the student dressed appropriately? YES NO

Did the student exhibit a positive attitude toward the 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 (preferred) or email to the instructor at their email address at the top of the page.



**JOB SHADOWING HOME SCHOOL
PERMISSION FORM**
(Half Day Students)

Student Name: _____

Home School: _____

The above-named student would like to participate in a full day job shadowing experience related to their chosen career technical education program. This experience will take place on the following day(s):

Friday, November 17, 2023

Monday, November 20, 2023

Tuesday, November 21, 2023

(Please circle all dates that apply)

Your signature below indicates your approval of the student missing your class. Students will be expected to make-up 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 following their established Pre-Excused Absence guidelines.



Student Name: _____

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