SA WORKS JOB SHADOW SCHOOL PARTICIPATION FORM

February 2, 2017

Teacher Name:	
School:	School District:
School Address:	Teacher School Phone and Ext#:
Teacher Email:	Teacher Cell Phone:

Class Information:

Type of Classroom (i.e. CTE class, Government, etc.):	Grade Level:

Schools will provide transportation to and from the company.
Please indicate if school district transportation has been approved or will be approved. ☐ Yes ☐ No
If you know of a hardship with transportation, please contact us immediately.

Do any of your students need special accommodations:

☐ Yes

☐ No

If yes, please contact us.

Number of Students Participating in Job Shadow Day:

Please note that there may be media in attendance. Each participating student must have the proper student permission and media/photo release forms completed.

List all school personnel attending site visit:

1. Name:	Phone:
Email:	Cell Phone:
2. Name:	Phone:
Email:	Cell Phone:

Please email your form to:

Nikki McNish

SA Works
nmcnish@sanantonioedf.com

(210) 802.2227