

Job Shadow Form

Student Name: _____

Planned Job Shadow Date: _____

Please fill out this form (except for the job shadow supervisor verification) at least 3 days PRIOR to your shadow.

Hour	Homework for Day of Visitation	Teacher Signature
1		
2		
3		
4		
5		
6		
7		
8		

For Parent:

I understand that my child will be doing a job shadow, will provide their own transportation, and will have an excused absence on that day.

_____ Signature

For Student:

I understand that it is my responsibility to get my homework and needed signatures. I will show up promptly at the time of my shadow.

_____ Signature

For Job Shadow Supervisor:

I verify that the above named student attended a Job Shadow on this date _____. I can be reached at _____ if further verification is needed.

_____ Printed Name

_____ Signature

Please bring this paper back to counselor when you return to school.

As an Equal Employment/Educational Opportunity Agency USD 247 Southeast does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Superintendent Dr. Glenn Fortmayer, 506 S. Smelter Cherokee KS 66724 (620) 457-8350.