

Office Use Only  
Counselor \_\_\_\_\_  
Date Ret. \_\_\_\_\_

## JOB SHADOW FORM

Student's Name \_\_\_\_\_

Date of Visit \_\_\_\_\_ Name of Business \_\_\_\_\_

Administrative Signature \_\_\_\_\_

Subject, present grade, and teacher signature must be obtained before parent or guardian signs this request.

SUBJECT	LETTER GRADE	TEACHER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

We understand the following criteria must be met for an excused job shadow day:

- 1. A parent/guardian must accompany each student.**
- 2. Students are permitted two (2) job shadow days during the junior year and two (2) during the senior year.**

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)