

JOB SHADOW CONFIRMATION AND VERIFICATION SHEET

PLANNED DATE AND TIME FOR VISIT

2014-2015 SCHOOL YEAR

You are responsible for filling out this JOB SHADOW CONFIRMATION AND VERIFICATION SHEET and returning it to the Career Center Box. This must be done two weeks in advance to your job shadow experience.

Student Name: _____

Date: _____

Date of Phone Call for Job Shadow Experience: _____

Name of Person You Contacted: _____

Date of Job Shadow Experience: _____

Time Frame: _____

Transportation Arranged to and from Job Shadow Experience: _____

Date Pre-Arranged Absence Form was Filled Out: _____

Date Turned In: _____