



# JOB SHADOW PERMISSION FORM

Job Shadows are a great opportunity for Career Exploration and for our students to get a real-life chance to see careers in which they are interested. The information gathered from shadowing opportunities can be very valuable for future career planning decisions.

\_\_\_\_\_ (student name) has been granted permission to shadow

\_\_\_\_\_ (contact name) ON \_\_\_\_\_ (date),

at \_\_\_\_\_ (site location). As parents we understand that our child is being excused and will be responsible for any missed assignments and that transportation to the site is the responsibility of the student/family participating.

\_\_\_\_\_  
Parent / Guardian Signature

**OFFICE APPROVAL:**

Date of Request \_\_\_\_\_

Principal \_\_\_\_\_

Counselor \_\_\_\_\_

Students should fill in their schedule below and have teachers initial their class period when student has collected assignments from missing the shadowing date. Only fill in the periods that will be missed.

PERIOD	CLASS	TEACHER INITIALS
1		
2		
3		
4		
5		
6		
7		
8		