Windsor High School A+ Program

Job Shadowing Verification Form

(please print)

Student's Name: _____ Date Shadowed _____

Employer Shadowed: _____ Employer's Occupation: _____

Employer's Address: _____

(Company Name) (Street Address) (City)

Employer's Phone No.: _____

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To be completed by employer:

The above student met with me on _____ for _____ hours.
I was able to share about:
_____ Specific skills needed for my job
_____Specific education needed for my job
_____Ways the student can prepare for employment in my field
_____What I like best about my career
_____Some frustrating parts of my job
_____Future outlook for my profession

_____The student also had an opportunity to observe me working in my employment.

_____
Employer Signature

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Student is to return this form to the counselor's office.
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_____ Job Shadowing Hours Earned
_____Date Recorded