



Bluffton High School

106 West College Avenue, Bluffton, Ohio 45817

(419) 358-7941 FAX (419) 358-6586

High School Principal
Mr. Michael J. Minnig

High School Guidance Counselor
Dr. Elizabeth R. Smith

JOB SHADOW VISITATION RECORD

Bluffton High School permits juniors to apply for one (1) day of excused absence to job shadow.

At least two (2) days prior to the job shadow:

1. Have this form signed by your parent/guardian.
2. Have this form signed by the school counselor *AFTER* your parent/guardian signs it.
3. Make a copy of the signed form **prior to the job shadow** and give it to the HS Office (this will be used as your absence slip).
4. Take the original form with you on your visitation and have it signed by the person supervising your job shadowing. Experience must be at least the length of one regular school day.
5. Return the form to the HS Office the day after your job shadow for proof of attendance.

*Students are expected to confer with their teachers **prior to the job shadow** to arrange for makeup work.*

To be completed **prior to** your visit.

****Please note that job shadowing CANNOT be done with any family member and must be done with someone who has been working in their field for at least five (5) years.**

_____ (_____) is requesting permission to job shadow with
Student's Name – Please Print Grade

_____ on _____.
Name of Company – Please Print Date of Visitation

Time of Visit (select one): All Day **OR** Student will leave / arrive at school at _____.
(circle one) Time

_____ _____
Supervisor's Name – Please Print Contact Phone Number of Supervisor

As the parent/guardian of this student, I grant permission for this job shadow experience.

_____ _____
Today's Date Parent's/Guardian's Signature

Approval from the School Counselor: _____
School Counselor's Signature

To be completed by the job shadow supervisor during the visitation.

Verification of job shadow experience:

_____ to _____
Signature of Job Shadow Supervisor Hours of Job Shadow Date of Experience