SAINT PAUL
LUTHERAN HIGH SCHOOL

Phone: 660-463-2238 www.splhs.org

Job Shadowing Verification Form

Part One: Logistics – To be completed by student

Student Name: _____

Company Name: _____

Point of Contact: _____

Company Address: _____

Company Phone Number: _____

Date: _____

Time Shadowing Began: _____ Time Shadowing Ended: _____

Part Two: Experience – To be completed by student; verified by professional

Please describe briefly the experience. _____

_____

_____

Part Three: Verification – To be completed by professional

_____ _____

Job Shadow Supervisor Signature Job Shadow Supervisor Name - Printed

Thank you for your time to help our student have this valuable experience. Please contact me if you have questions or concerns. Additional comments regarding the student's experiences are welcomed. ~ Meredith Marsh

Phone: (660) 463-2238 E-mail: mmarsh@splhs.org