

JOB SHADOWING FORM

For the Parents of _____

The top half of this form must be turned into the guidance office (3) days before your scheduled job shadowing experience. The day is considered a non-absent from the classroom if you follow all the procedures. The bottom half must be signed and returned to the office the day after your visitation.

NAME OF JOB PLACEMENT _____

JOB PLACEMENT DAY _____

PARENT SIGNATURE _____

TEACHERS: Please indicate by your signature that you are aware of this intended job placement day.

PERIODS:

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

RETURN THIS TOP HALF TO MRS. HEITKAMP AT LEAST (3) DAYS BEFORE YOUR SCHEDULED VISITATION DAY.

ACKNOWLEDGEMENT OF VISITATION

_____ has attended
STUDENT NAME

_____ on _____
NAME OF JOB PLACEMENT *DATE*

for the purpose of learning more about a career interest and the opportunities available.

PARENT(S) SIGNATURE _____

JOB PLACEMENT SUPERVISOR SIGNATURE _____

(RETURN THE BOTTOM HALF OF THIS FORM TO THE GUIDANCE OFFICE UPON RETURN TO NEW KNOXVILLE SCHOOL)