LPS LIONS

Job Shadow Hours
(DO NOT use this form for Lunch and Learn Speakers)

Student Name	Grade Level	Leadership Teacher

Please submit the form no later than 4 days after your job shadow/ internship

To be completed by Career Readiness Coordinator :
⇛ Verification of company/ shadow hours : Date _____
⇛ Updated Shadow Tracker : Date : _____

Date	***Location***	***Time In/Out***	***Total Time***	***Signature / email of Person you Shadowed***

MUST HAVE ORIGINAL SIGNATURE FROM PERSON SHADOWED

Student Signature:_____
***I attest that this information is true and accurate.**