Lincoln County High School
200 Charles Ward Elam Street, Lincolnton, Georgia 30817
706-359-3121

BOTH SIDES of this form must be completed in its entirety, and is **subject to approval.

Job Shadowing Request Form

(Request must be submitted to the Mrs. Jordan by Monday, March 20, 2023)

Date this request was submitted to the high school: _____/_____/_____

Date of job shadowing: Tuesday, March 21, 2023

Student Name: _____ Grade: _____

Date of Birth: ____/____/____ Age: _____

Person to be Shadowed: _____

How do you know this person?

_____

_____

Career Area: _____

Name and Address of Business: _____

_____

_____

Phone: _____

I have notified all of my teachers about this proposed Job Shadowing Day. I have received all assignments prior to this date.

Signature of Student: _____

I understand that my student's Job Shadowing experience will be considered a legal school day upon completion of the Interview Questionnaire and its return to the school within one week of the day of the job shadow. The student will be counted absent if the Questionnaire is not returned or if he/she fails to follow the LCHS Job Shadowing guidelines.

Signature of Parent/Guardian: _____

Date: _____

STUDENTS SHALL RECEIVE A COPY OF THIS FORM PRIOR TO THE PROPOSED DATE.

Office Use Only Job Shadowing Day: _____ Approved _____ Not Approved

Comments:

Signature: _____ Date: _____

Copy of this form given to: _____ Student _____Attendance Office

Interview Questionnaire given to Student? _____

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Parental Consent Form

High school students are permitted to use one day per school year for a Job Shadowing experience with a person or business of their choosing. **IT IS THEIR RESPONSIBILITY TO MAKE A WRITTEN REQUEST FOR THIS DAY AT LEAST ONE WEEK IN ADVANCE.** It is also their responsibility to make the appointment with the person to be shadowed.

Disclaimer:
This release form is necessary to your student to participate in this experience. Please sign and return this form to the guidance counselor if you wish your student to participate.

I understand that my student is to be observing and not participating in the work of his/her adult mentor. I hereby release the Lincoln County School District and the participating employer from any responsibility involved in this Job Shadowing Day. I elect to assume all risks in giving permission for my son/daughter to participate as an observer for this activity. My son/daughter has my permission to travel with his/her adult worker.

I take responsibility for my student's transportation for the day. In granting my permission, I assume full responsibility for any damage to person or property caused by my student. Further, I hereby expressly waive any claim for liability against the Board of Education, Lincoln County Schools, including its employees and representatives, and release them from all liability in connection with this activity. I further expressly agree that in the event of a disciplinary action (or if the health of my student may make it necessary) my student may be forthwith returned home at my expense (at the discretion of the sponsors). I further consent and will be responsible for any medical or dental treatment which may be advisable at the discretion of any physician or dentist. It is further warranted that if this consent form is signed by one of two parents or guardians, it is with the authority of the other.

Additional Notes:
1. The student may not job shadow a parent, grandparent, or sibling.
2. The student must be at the job shadowing location from 8:00 a.m. - 3:10 p.m. (at a minimum).
3. No student may job shadow for a current employer and in no way may receive compensation for that day.
5. Students are responsible for coordinating their own job shadowing experience.

Parent's Signature: _____ Date: _____

Student's Name: _____ Grade: _____

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Job Shadowing-Interview Questionnaire

(This form must be turned into Mrs. Jordan the day after the job-shadowing day.)

Student's Name: _____ Date: _____/_____/_____

Adult Worker's Name: _____Career Area: _____

Name and Address of Business: _____

**All questions must be answered (in clear, easy-to-read language). Students wishing to type their responses may do so, and attach them to this sheet of paper.

1. Describe some of your responsibilities in this job, including the typical activities during your work day.

2. What kind of education/training is required for this job?

3. What do you enjoy most or find most rewarding about your career?

4. What would you change about this particular job if you could or what part don't you enjoy?

5. How did you first become interested in this career?

6. What school subjects do you use most in this job? How so?

7. Are there any school subjects that you wish you would have taken or worked harder in while in school? Why?

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8. What do you think are the most important qualities or skills that help you to be a success in this career?

9. What advice do you have for high school students regarding their education and future careers?

To be completed by Adult Worker: Student Name: _____

I verify that the student named above job shadowed me on _____ from
(date)
_____a.m. to _____p.m. I understand that the school may contact me to verify contact me to verify the validity of this job shadowing experience.

Signature: _____

Printed Name: _____

Occupation and Employer: _____

10. **To be filled out by the STUDENT**: Write a reflection about how this day has impacted you. (Was this experience what you expected? What have you gained? Are you still interested in this career? etc.) Additional sheets may be attached. *Be thorough because this reflection bears on our absence decision below.*

LCHS USE ONLY:

Type of Leave: ____ No Absence ____ Excused Absence ____ Unexcused Absence

Copy of this form provided to the attendance office? _____Yes _____No
Copy of this form provided to the student? _____Yes _____No

Comments:

Signature: _____ Date: _____