



Career Gears Place Based Learning Options

Job Shadow Request Form (Complete and submit to principal or counselor at least 2 days before attending the shadowing experience. Students must have approval before the shadow day in order to be an excused absence.)

Student Name: _____ Grade: _____
 School: _____ Site: _____
 Pathway being explored: _____ Job Shadow Mentor: _____
 Date of Shadow: _____ Mentor Phone: _____

Before the Visit:

1. Discuss the site you have selected with your Counselor or Building Administrator.
2. Contact the site to confirm your arrangements:
 - a. Date: day/date of shadow experience
 - b. Place: directions from school
 - c. Mentor name and phone contact
 - d. Arrival/Departure/Meeting time
 - e. Transportation/Meal schedule
3. Submit parent permission form to counselor or building administrator prior to event.

During the Visit:

1. Show up dressed appropriately for experience, and on time.
2. Stay for the full time scheduled.
3. Be helpful and courteous.
4. Represent yourself and GLS to the best of your ability.

After the Visit:

1. Complete Job shadowing reflection form.
2. Turn in attendance verification and JSRF to counselor or building administrator.
3. Write a thank you note and send to mentor/business within 2 school days.

PARENT PERMISSION FORM

_____ has my permission to participate in the job shadowing experience. I understand it is my responsibility to provide/arrange transportation to and from the shadowing site if transportation is not already provided by Graham Local Schools. It is also my understanding that the student must present proof of shadowing site visit in order to be excused from school. I assume full and sole responsibility for any damage to any person or property caused by my student in connection with the student's Experiential Learning Opportunity. I hereby release any and all liability from _____ and the shadowing site listed above.

Signature of Parent/Guardian

Date