

Job Shadow Day Form

This side must be completed with parent signature before getting teacher approval on the back side of this form.

My son /daughter _____ will be job shadowing at
Name of student

_____ on _____
name of business month/day/year

We understand that this is a day granted for the benefit of all students for the purpose of career exploration. McComb High School bears no responsibility for supervision, transportation or safety.

Signature of Parent or Guardian

Date

Cut along dotted line. Return top portion to Guidance counselor

Job Shadow Day Procedures

- Students are allowed one Job Shadow Day per academic year.
- You must obtain the Job Shadow Day Form from Ms. Keith and have all of your teachers initial the back **at least 5 school days prior to your visit**.
- Students with 5 or more absences in one nine week grading period will not be granted this privilege in that nine weeks.
- Students with 10 or more absences in one semester will not be granted this privilege during that semester.
- Students with 20 or more absences will not be granted this privilege.
- Complete the attached form.
- Students are to call to set up an appointment.
- The deadline for using Job Shadow will be April 1st.
- No more than four students will be allowed to take Job Shadow Days on any one day.
- We recommend taking scheduled days off school to Job Shadow (such as Parent/Teacher Conference Days, Christmas break, Martin Luther King Day, President's Day, or Spring Break).
- You may Job Shadow more than one job on the same day.

McComb High School
328 S. Todd St.
McComb, Ohio 45858
(419) 293-3853

Teachers: Please initial that you have seen this form and are aware that this student intends to take a Job Shadow Day on the date indicated on the reverse side of this form.

1st Period _____ 5th Period _____

2nd Period _____ 7th Period _____

3rd Period _____ 8th Period _____

4th Period _____ 9th Period _____

Take bottom portion with you on your visit. Return signed form to the Guidance Counselor.

Name of student

To: Job Shadow Provider

In order to insure the integrity of our Job Shadow Visitation Program, we ask that you complete the form below and return it to the student to verify the visit. Also, please complete the attached Job Shadowing Experience Evaluation form and send it with the student or mail at your convenience to the address below.

Thank You!
McComb High School
Job Shadow Program
328 South Todd
McComb, Ohio 45858

Name of Business

Phone Number

Job Shadow Provider's Signature

Date