Hardin Northern Job Shadowing Permission Form

to be submitted at least three days ahead of job shadowing event.

Student name	Grade	
Person and/or company job shadowing		
Signature of person/company job shadowing (NOTE: company or person understands that the stude the student to experience a day "on the job".)		and agrees to allow
Date of Job Shadowing	Location of Job Shadowing	
Reasons student wishes to job shadow at this location:		
Parent signature:		
Signature of teachers:		
1 st period		
2 nd period		
3 rd period		
4 th period		
5 th period		
6 th period		
7 th period		
8 th period		
School Counselor signature	Date:	

Procedure for Job Shadowing:

- 1. Take this form to a person or company you wish to job shadow, determine a date to job shadow and have person or company representative sign this form.
- 2. Have a parent sign this form
- 3. Have each classroom teacher sign this form.
- 4. Fill out the rest of the form and submit to the guidance office at least 3 days ahead for final approval.
- 5. Upon completing the job shadowing experience, have person/company complete attached form and return to guidance office.

<u>Hardin Northern</u>

J. Andrew Wilson- Counselor 11589 St. Rt. 81 Dola, Ohio 45835 419-759-3515 ext. 1202 Fax 419-759-2581

<u>Guidance Office</u>



JOB SHADOWING CONFIRMATION

To Whom It May Concern:

This form will verify that the following student has Job Shadowed you for the day. Thank you for allowing this student to have this experience!

Sincerely,

J. Andrew Wilson School Counselor

STUDENT NAME: _____

COMPANY/INDIVIDUAL JOB SHADOWED: _____

DATE OF VISIT: _____

CONTACT PERSON'S NAME AND TITLE:

ADDRESS OF CONTACT PERSON: _____

PHONE NUMBER OF CONTACT PERSON: _____

EMAIL ADDRESS OF CONTACT PERSON: _____

CONTACT PERSON'S SIGNATURE:

** STUDENT: THIS FORM MUST BE RETURNED TO THE GUIDANCE OFFICE THE NEXT SCHOOL DAY FOLLOWING THE VISIT OR YOU WILL BE CONSIDERED TRUANT FROM SCHOOL