



# Request for Job Shadow Assignment

DATE OF REQUEST: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

GUIDANCE COUNSELOR: \_\_\_\_\_

TELEPHONE NUMBER/EXTENSION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

CAREER INTERESTS: \_\_\_\_\_

TYPE OF JOB SHADOW EXPERIENCE BEING REQUESTED: \_\_\_\_\_

POST-SECONDARY PLANS:

ENTER WORKFORCE IMMEDIATELY     CERTIFICATION     TRADE SCHOOL

2 YR DEGREE     4 YR DEGREE     4+ YR DEGREE

## FOR SCHOOL-TO-WORK USE ONLY

INFORMATION PROVIDED TO COUNSELOR FOR STUDENT JOB SHADOW:

Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Reflections Provided Post Job Shadow:  YES     NO

**The Job Shadow should be scheduled within 2 weeks of the assignment.**

**Email completed form to: [ljaworskirapone.school2work@gmail.com](mailto:ljaworskirapone.school2work@gmail.com)**