

COMPREHENSIVE WORK-BASED LEARNING PROGRAM
JOB SHADOWING

PARENT/GUARDIAN CONSENT FORM

Your son or daughter will be participating in a job-shadowing experience. A job shadowing experience is an opportunity for a student to spend supervised time at a workplace in a career area that is of special interest to the student. During this time, the student will observe a worker, ask questions, and complete written assignments to learn more about a particular job.

PERMISSION TO PARTICIPATE IN JOB SHADOWING

_____ may participate in a job-
(Student's name }

shadowing experience, which will take place at _____
(Workplace)

on March 25, 2008 from _____ to _____.
(Start time) (End time)

PERMISSION TO TRAVEL TO WORK SITE

I understand that on the day of the shadowing experience, the student will be responsible for his/her transportation to and from the job-shadowing site at the appropriate times (may include student driving his/her own car). Note: A pre-arranged absence form needs to be signed by the student's teachers and all work missed must be made up. If arranging transport for the shadowing experience poses a hardship, contact your coordinating teacher.

_____ YES _____ NO

PHOTO RELEASE

I grant permission to photograph my son/daughter while participating in the job-shadowing experience for program promotion and educational purposes.

_____ YES _____ NO

(Signature of Parent/Guardian)

_____ DATE